

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034884

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: PRO TREATMENT ENTERPRISES INC.

## Current Principal Place of Business:

18175 MASON SMITH RD  
BROOKSVILLE, FL 34604 US

## New Principal Place of Business:

5128 MEADOW LARK LANE  
NEW PORT RICHEY, FL 34653 US

## Current Mailing Address:

18175 MASON SMITH RD  
BROOKSVILLE, FL 34604 US

## New Mailing Address:

5128 MEADOW LARK LANE  
NEW PORT RICHEY, FL 34653 US

FEI Number: 56-2563940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONKLIN, LAURALEE  
18175 MASON SMITH RD  
BROOKSVILLE, FL, FL 34604 US

## Name and Address of New Registered Agent:

CONKLIN, LAURALEE  
5128 MEADOW LARK LANE  
NEW PORT RICHEY, FL 34653 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LAURALEE CONKLIN

03/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: CONKLIN, LAURALEE  
Address: 18175 MASON SMITH RD  
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: VP ( ) Delete  
Name: WANDACHOWICZ, BOGDAN  
Address: 18175 MASON SMITH RD  
City-St-Zip: BROOKSVILLE, FL 34604 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CONKLIN, LAURALEE  
Address: 5128 MEADOW LARK LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: O (X) Change ( ) Addition  
Name: CONKLIN, GUY  
Address: 5128 MEADOW LARK LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURALEE CONKLIN

PRES

03/22/2009

Electronic Signature of Signing Officer or Director

Date