2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90201 010 ***150.00

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1. Entity Name
PRO FINANCIAL HOLDINGS, INC.

Principal Place of Business	Mailing Address
2457 CARE DRIVE TALLAHASSEE, FL 32308	2457 CARE DRIVE TALLAHASSEE, FL 32308

01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
536 N. Monroe St.	PO Box 3696
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Fl.	City & State: Tallahassee FL
Zip: 32301 Country: Leon	Zip: 32315 Country: Leon

4. FEI Number: 20-4625845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IGLER & DOUGHERTY, PA 2457 CARE DRIVE TALLAHASSEE, FL 32308	Name: Bryan Robinson Street Address (P.O. Box Number is Not Acceptable): 536 N. Monroe St. City: Tallahassee FL Zip Code: 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: President/CEO Bryan Robinson 1/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCOBAR, JAVIER 420 PLANTATION RD TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/President/CEO Bryan Robinson 1771 Newman Lane Tallahassee, Fl. 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORSTHOEFEL, MICHAEL 1300 MEDICAL DR TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Turner Stephen 215 S. Monroe St. Suite 400 Tallahassee, Fl. 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, WILLIAM 2908 NORTHMONT DR TALLAHASSEE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sauls James PO Box 2535 Tallahassee, Fl. 32316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOBBS, ROGER K 2915 KERRY FOREST PKWY STE 101 TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dougherty, Ed 2457 Care Dr. Tallahassee, Fl. 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONI, STEVEN 3951 W MILLER BRIDGE RD TALLAHASSEE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wimberly, Arthur 610 E. 6th Ave Tallahassee, Fl. 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEN, PETER 310 BLOUNT ST TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Moayad, Allen 10623 Lake Iamonia Dr Tallahassee, Fl. 32312	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: President/CEO 1/10/07 850-383-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bryan Robinson