


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90836 011 ***158.75

DOCUMENT # P06000073199 1. Entity Name PROWLERZ INC.																													
Principal Place of Business 9348 BEARFOOT TRAIL WEEKI WACHEE, FL 34613			Mailing Address 9348 BEARFOOT TRAIL WEEKI WACHEE, FL 34613																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 30-0369947		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent CONSTANT, WILLIAM 9348 BEARFOOT TRAIL WEEKI WACHEE, FL 34613			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PTSD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONSTANT, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9348 BEARFOOT TRAIL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEEKI WACHEE, FL 34613</td> <td></td> </tr> </table>			TITLE	PTSD	<input checked="" type="checkbox"/> Delete	NAME	CONSTANT, WILLIAM		STREET ADDRESS	9348 BEARFOOT TRAIL		CITY - ST - ZIP	WEEKI WACHEE, FL 34613		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PTSD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Spada, Carol</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9348 BEARFOOT TR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEEKI WACHEE, FL 34613</td> <td></td> </tr> </table>			TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Spada, Carol		STREET ADDRESS	9348 BEARFOOT TR.		CITY - ST - ZIP	WEEKI WACHEE, FL 34613	
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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: <u>Carol A. Spada</u> CAROL A. SPADA		Date <u>4/27/07</u> Daytime Phone # <u>352-596-4085</u>																											