

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139780

Entity Name: PROFAB CORPORATION

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

1201 B DOLPHIN CT
WAUKESHA, WI 53186

New Principal Place of Business:

Current Mailing Address:

1201 B DOLPHIN CT
WAUKESHA, WI 53186

New Mailing Address:

FEI Number: 39-1840503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAITE, DENISE
100 S. EOLA DR #809
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MILYKOVIC, BODI
Address: 1201 B DOLPHIN CT
City-St-Zip: WAUKESHA, WI 53186

Title: V () Delete
Name: MILYKOVIC, RALPH
Address: 1201 B DOLPHIN CT
City-St-Zip: WAUKESHA, WI 53186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MILYKOVIC, BODI
Address: 1201 B DOLPHIN CT
City-St-Zip: WAUKESHA, WI 53186

Title: VICE (X) Change () Addition
Name: MILYKOVIC, RALPH
Address: 1201 B DOLPHIN CT
City-St-Zip: WAUKESHA, WI 53186

I hereby certify that the information supplied with this filing does not qualify for the 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: BODI MILYKOVIC

PRES

04/09/2007

Electronic Signature of Signing Officer or Director

Date