2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35276

Entity Name: PRENT CORPORATION

FILED May 05, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
P.O. BOX 471 JANESVILLE, WI 535470471				2225 KENNEDY ROAD JANESVILLE, WI 53545		
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 4 JANESVILL	71 .E, WI 535470	471				
FEI Number:	39-1082406	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desi	red ()	
Name and	Address of C	I Address of New Registered Agent				
2815 PROC	LE, MARY E. CTOR ROAD A, FL 34231	US				
The above in the State		ubmits this statement for the pur	pose of changing i	its registered office or registered agen	t, or both,	
SIGNATUR	E:					
	Electroni	c Signature of Registered Agent	İ	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () PREGONT, JOS 444 OAK ROAD JANESVILLE, W		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () JOHNSON, ANN 2604 CHEROKE JANESVILLE, W		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PREGONT, CAR	SIDE DRIVE, APT. 401	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition PREGONT, CAROL M. 3547 FAIROAKS LANE LONG BOAT KEY, FL 34228		
Title: Name: Address: City-St-Zip:	D (X) PREGONT, DAN 3611 SANCTUAR BONITA SPRING	IEL RY LAKES DR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () WALKER, WALT 1937 EASTWOO JANESVILLE, W	DD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () LEMKE, SARA 1961 EASTWOO JANESVILLE, W		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LEMKE, SARA 118 S. HARMONY DRIVE JANESVILLE, WI 53545		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SARA LEMKE VP 05/05/2005