

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 028 ***150.00

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DOCUMENT # P93000032309 1. Entity Name PREVENTOLOGY, INC.					
Principal Place of Business 219 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401			Mailing Address 219 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401		
2. Principal Place of Business 1006 WEST 15TH ST. Suite, Apt. #, etc. BAR 4 City & State RIVIERA BEACH, FL. Zip Country 33404		3. Mailing Address 1006 WEST 15TH ST. Suite, Apt. #, etc. BAR 4 City & State RIVIERA BEACH FL. Zip Country 33404		02072006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0412708				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BRECHER, NICHOLAS M 219 S. DIXIE HWY. WEST PALM BEACH, FL 33401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1006 WEST 15TH ST. BAR 4 City RIVIERA BEACH FL Zip Code 33404				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, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRECHER, NICHOLAS M 219 SOUTH DIXIE HWY W. PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1006 WEST 15TH ST., BAR 4 RIVIERA BEACH FL. 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X			X 4.606 X		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

1-561-881-7551