2007 FOR PRÖFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

ANNOAL REPORT				C , C C			
1. Entity Nam	MENT # P940000232 AND USA, INC.	284			Sec	retary of State	
Principal Plac	e of Business	Mailing Address					
1913 BEARS		1913 BEARSS AVE					
TAMPA, FL 3	33613	TAMPA, FL 33613		<u></u>			
-	A NOT WOITE	^F	01242007	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb		Applied For	
				59-323	3940	Not Applicable	
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent]	<u>}</u>		- 100100	
GI IENV EI	DANK]				
SUFKA, FRANK P. O. BOX 690			DO NOT WRITE				
LUTZ, FL 33548			-	INI "	THIS SF	ACE	
				114		ACL	
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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when retristating) DATE							
FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 S. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	-				
TITLE	P CUEIXA EDANIK						
NAME STREET ADDRESS	SUFKA, FRANK P. O. BOX 690						
CITY-ST-ZIP	LUTZ, FL 33548						
TITLE			-				
NAME	interpretation						
STREET ADDRESS	s			000000609976 02/02/07-80002-014 15 8. 75			
CITY-ST-ZIP					02/02/07-	-80002-014 158.75	
TITLE							
NAME STREET ADDRESS			1				
CITY-ST-ZIP	Total Control of the		I	DO	NOT W	RITE	
TITLE			1	INI '	THIS SF	DACE	
NAME				HA	inio or	ACE	
STREET ADDRESS CITY-ST-ZIP							
	<u> </u>		-1				
TITLE NAME							
STREET ADDRESS							
CATY-ST-ZIP							
TITLE							
NAME	Annual Control of the		1				
STREET AODRESS CITY+ST-ZIP	Constitution		1				
	contitution information and the delication and the second	is filing das not suplify to the	emotions accessor	dia Chanter 11	O Elegida Statutas I	buthor portific that the 1-1	
indicated	certify that the information supplied with the on this report or supplemental report is to	he and acdurate and that my signs	ture shall have the	same legal effe	e, riunua statutes. I ct as if made under	oath; that I am an officer or director	