## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 13, 2007 08:00 Al Secretary of State DOCUMENT # P96000072189 . 1. Entity Name PROVERBO TRANSLATIONS, INC. Principal Place of Business Mailing Address 5751 CAMINO DEL SOL' POST OFFICE BOX 811390 BOCA RATON, FL 33481 303 BOCA RATON, FL 33433 No Chg-P CR2E034 (11/05) 03202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0692552 Not Apolicable \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAN DER LYN, JOHN S CPA DO NOT WRITE 3500 NW BOCA RATON BLVD. #905 BOCA RATON, FL 33431 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Foo will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE MESA-PELLY, CHARLES PH.D. NAME 5751 CAMINO DEL SOL, # 303 STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP *U00000705866* TITLE 04/24/07-80011-003 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

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12.71 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 employed 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.

NAME OF SIG

CITY-ST-ZIP