2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# P96000078378

Entity Name: PRO FORM SYSTEMS, INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 908
MIAMI, FL 33133 US

New Principal Place of Business:

4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33146 US

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 908
MIAMI, FL 33133 US

New Mailing Address:

4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33146 US

FEI Number: 65-0696124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE STE 0-305
MIAMI, FL 33131 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: VSD ( ) Delete
Name: KURTH, JOST H
Address: 4111 RAYNOLD AVENUE
City-St-Zip: MIAMI, FL 33133

Title: PD ( ) Delete
Name: DEANE, JAMES V
Address: 10990 SW 83RD CT
City-St-Zip: MIAMI, FL 33156

Title: VT ( ) Delete
Name: DUNCAN, BRUCE
Address: 2850 OAKBROOK LN
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES DEANE PD 01/29/2007

Electronic Signature of Signing Officer or Director Date