2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# P96000102899

Entity Name: PRO-REP, INC.

Current Principal Place of Business:

515 E. OLAS BLVD., STE 1150
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13176
CHESAPEAKE, VA 23325

New Mailing Address:

FEI Number: 65-0740267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLAUGHLIN, ROBERT C ESQ
515 E LAS OLAS BLVD
SUITE 1150
FORT LAUDERDALE, FL 33301 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: D ( ) Delete
Name: MASTRONARDI, STEVEN
Address: 3494 SW 53RD CT
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: MASTRONARDI, JOSEPH
Address: 3494 SW 53RD CT
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PVST ( ) Delete
Name: MASTRONARDI, CORINNE
Address: 3494 SW 53RD CT
City-St-Zip: FORT LAUDERDALE, FL 33312

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 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: CORINNE M MASTRONARDI PRES 04/20/2005

Electronic Signature of Signing Officer or Director Date