2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000013154

1. Entity Name

Principal Place of Business

PROFIT TECHNOLOGIES INTERNATIONAL CORP.



Mailing Address

209 DELBURG ST., SUITE 203 P.O. BOX 4479 DAVIDSON, NC 28036 DAVIDSON, NC 28036

FILED Apr 30, 2005 08:00 AM Secretary of State



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DO NOT WRITE IN THIS SPACE

04272005 No Cha-P CR2E034 (10/03)

4. FEI Number 56-1903563

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CORPORATION SERVICE COMPANY 1201 HAYES ST	DO NOT WRITE
TALLAHASSEE, FL 32301	IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florida	l am familiar with, and accent
			t carried man and accept

SIGNATURE. Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCKEE, CHRISTOPHER B PO BOX 4479 DAVIDSON, NC 28036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKEE, GEORGE C JR PO BOX 4479 DAVIDSON, NC 28036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS	

U00000350526 05/02/05-80109-002 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 effective for 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 attact/prient with an address, with all other/like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR کن/

Daytime Phone #