

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023256

FILED
Jul 31, 2008
Secretary of State

Entity Name: PROFIT TECHNOLOGIES ENTERPRISES, INC.

Current Principal Place of Business:

16810 KENTON DRIVE
SUITE 200
HUNTERSVILLE, NC 28078

New Principal Place of Business:

Current Mailing Address:

16810 KENTON DRIVE
SUITE 200
HUNTERSVILLE, NC 28078

New Mailing Address:

FEI Number: 56-1903562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: PD () Delete
Name: MCKEE, GEORGE C JR
Address: 16810 KENTON DRIVE, SUITE 200
City-St-Zip: HUNTERSVILLE, NC 28078

Title: STD () Delete
Name: MCKEE, CHRISTOPHER B
Address: 16810 KENTON DRIVE, SUITE 200
City-St-Zip: HUNTERSVILLE, NC 28078

Title: C () Delete
Name: MCKEE, GEORGE C SR
Address: PO BOX 159
City-St-Zip: CORNELIUS, NC 28031

Title: T () Delete
Name: MCKEE, JEAN P
Address: PO BOX 159
City-St-Zip: CORNELIUS, NC 28031

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER B MCKEE

STD

07/31/2008

Electronic Signature of Signing Officer or Director

Date