

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 11 AM 11:51

DOCUMENT # P97000044490

1. Entity Name
PROSONLINE, INC.



Principal Place of Business
3150 SANDY RIDGE DR.
CLEARWATER, FL 33761

Mailing Address
P.O. BOX 7902
CLEARWATER, FL 33758



09062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JOHN F
3150 SANDY RIDGE DR.
CLEARWATER, FL 33761

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees
300111090453
10/22/07--01013--010 **600.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	MARTIN, JOHN F SR
STREET ADDRESS	3150 SANDY RIDGE DR.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	VT
NAME	MARTIN, COLLEEN R
STREET ADDRESS	3150 SANDY RIDGE DR
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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 attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/07 7274606132
Date Daytime Phone #

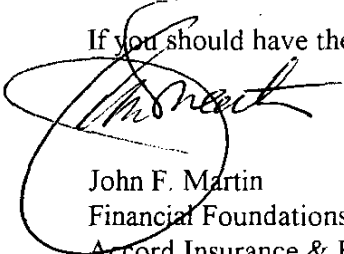
Secretary of State
Division of Corporations
Attn: Mr. Tyrone Scott, Annual Business Reports
September 6 th, 2007

RE: FILE #'S P94000076841 FINANCIAL FOUNDATIONS, INC
P97000044490 PROSONLINE, INC.
P01000004085 INCORPORATE USA, INC
P06000081517 ACCORD INSURANCE & FINANCIAL SERVICES
GROUP, INC.

Mr. Scott,

Thank you for your assistance via the phone today. As discussed, all of the above filings were sent on March 16th, 2007 of this year with one check in the amount of \$600.00 that has not cleared. This is what triggered us to call to verify the status of the above referenced corporations. At your request, I have put a stop payment on the original check and issued a new one today along with new annual reports . Please advise as soon as possible of the status of these corporations.

If you should have the need to contact me, please call me on my cell at 727-460-6132



John F. Martin
Financial Foundations, Inc
Accord Insurance & Financial Services, Inc
Prosonline, Inc.
Incorporate USA, Inc

P.O.Box 7902
Clearwater, Florida 33758