

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099335

FILED
Apr 28, 2004
Secretary of State

Entity Name: PROMELAS RESEARCH CORPORATION

Current Principal Place of Business:

235 6TH ST NW
#204
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

235 6TH ST NW
#204
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3485825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, SCOTT
5001 ELROSE LOOP RD
WINTER HAVEN, FL 33884 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: P () Delete
Name: THOMPSON, SCOTT K
Address: 5001 ELROSE LOOP RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: V () Delete
Name: VITTONI, RAF
Address: 315 RUBY LAKE LOOP
City-St-Zip: WINTER HAVEN, FL 33884

Title: ST () Delete
Name: VITTONI, EARLENE
Address: 235 6TH ST #204
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: VITTONI, DANTE
Address: 2000 VARNER CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: TILLMAN, TIMOTHY
Address: 546 AVE G SE
City-St-Zip: WINTER HAVEN, FL 33880

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:

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: SCOTT THOMPSON

P

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date