2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099335

Entity Name: PROMELAS RESEARCH CORPORATION

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

235 6TH ST NW #204

WINTER HAVEN, FL 33881

Current Mailing Address: New Mailing Address:

235 6TH ST NW #204

WINTER HAVEN, FL 33881

FEI Number: 59-3485825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, SCOTT 5001 ELROSE LOOP RD WINTER HAVEN, FL 33884 US

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Title:
 P
 () Delete
 Title:

 Name:
 THOMPSON, SCOTT K
 Name:

 Address:
 5001 ELIOSE LOOP RD
 Address:

City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip:

 Title:
 V
 () Delete
 Title:

 Name:
 VITTONE, RAF
 Name:

 Address:
 315 RUBY LAKE LOOP
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 VITTONE, EARLENE
 Name:

 Address:
 235 6TH ST #204
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 VITTONE, DANTE
 Name:

 Address:
 1832 WOODPOINT DRIVE
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 TILLMAN, TIMOTHY
 Name:

 Address:
 546 AVE G SE
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33880
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EARLENE VITTONE ST 04/20/2006

() Change () Addition