FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90131 021 ***158.75

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DOCUMENT # P97000099335

1. Entity Name
PROMELAS RESEARCH CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
235 SIXTH ST. N.W	235 SIXTH ST. N.W
Suite, Apt. #, etc. #204	Suite, Apt. #, etc. #204
City & State WINTER HAVEN, FL	City & State WINTER HAVEN, FL
Zip 33881 County POLK	Zip 33881 County POLK

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4. FEI Number 59-3485825 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. **Name and Address of Current Registered Agent**
Name SCOTT THOMPSON
Street Address (P.O. Box Number is Not Acceptable) 5001 Eliose Loop Rd
City WINTER HAVEN FL Zip Code 33884

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] Scott K. Thompson 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT THOMPSON
STREET ADDRESS	5001 Eliose Loop RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	V
NAME	RAF VITTONE
STREET ADDRESS	315 RUBY LAKE LOOP
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	S/T
NAME	EARLENE VITTONE
STREET ADDRESS	135 SIXTH STREET #204
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	DANTE VITTONE
STREET ADDRESS	2000 VARNER CT
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	TIMOTHY TILLMAN
STREET ADDRESS	546 AVE. G S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/28/03 (863) 294-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #