2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# P98000039346

Entity Name: THE PROS FROM DOVER II, INC.

Current Principal Place of Business:

C/O JOEL BENES
7785 NW 146 STREET
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

C/O JOEL BENES
7785 NW 146 STREET
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-0871903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENES,EDGAR A ESQ
951 BROKEN SOUND PARKWAY NW SUITE 100
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

BENES,EDGAR A ESQ
2300 NW CORPORATE BOULEVARD, SUITE 222
BOCA RATON, FL 33431 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: 03/09/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WITTELS, MICHAEL
Address: 1085 KANE CONCOURSE
City-St-Zip: BAYHARBOR, FL 33154

Title: VP ( ) Delete
Name: CLIFFORD, STEVEN
Address: 12996 W. DIXIE HIGHWAY
City-St-Zip: N. MIAMI, FL 33161

Title: ST ( ) Delete
Name: BENES, JOEL
Address: 21150 NE 20 AVE
City-St-Zip: NMB, FL 33179

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:

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: JOEL BENES ST 03/09/2007
Electronic Signature of Signing Officer or Director — Date