
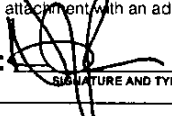


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90235 016 \*\*\*150.00

<b>DOCUMENT # P99000038001</b> 1. Entity Name <b>PRO DOCS, INC.</b>					
Principal Place of Business <b>1220 TURNER STREET</b> <b>STE F</b> <b>CLEARWATER, FL 33756 US</b>			Mailing Address <b>1220 TURNER STREET</b> <b>STE F</b> <b>CLEARWATER, FL 33756 US</b>		
2. Principal Place of Business <b>1220 Turner Street</b> Suite, Apt. #, etc. <b>Ste F</b> City & State <b>CLEARWATER FL</b> Zip <b>33756</b> Country <b>USA</b>			3. Mailing Address <b>1220 Turner Street</b> Suite, Apt. #, etc. <b>Ste F</b> City & State <b>Clearwater FL</b> Zip <b>33756</b> Country <b>US</b>		
4. FEI Number <b>59-3571123</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>LANNOME, WENDY K-</b> <b>1849 OAK PARK DR. S.</b> <b>CLEARWATER, FL 33764</b>			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANNOME, DALE 1849 OAK PARK DR. S. CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANNOME, WENDY K 1849 OAK PARK DR. S. CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  <b>Resident Wendy K. Lannome</b> <b>May 11 2006</b> <b>727-467-9555</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					