

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S88451

FILED
Jan 05, 2009
Secretary of State

Entity Name: PRATT & ASSOCIATES INTERNATIONAL, INC.

Current Principal Place of Business:

12921 SW 1ST ROAD
SUITE 107 # 432
JONESVILLE, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

12921 SW 1ST ROAD
SUITE 107 # 432
JONESVILLE, FL 32669 US

New Mailing Address:

FEI Number: 59-3091154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATT, SANDRA N
12921 SW 1ST ROAD
SUITE 107 #432
JONESVILLE, FL 32669 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: D () Delete
Name: PRATT, SANDRA N
Address: 1237 SW 109TH DR.
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: PRATT, KALEY M
Address: 5745 SW 75TH ST. # 127
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: PRATT, MEGAN S
Address: 1237 SW 109TH DR.
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: PRATT, KYLE D
Address: 1237 SW 109TH DR.
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: PRATT, BRIAN M
Address: 1237 SW 109TH DR.
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PRATT, KALEY M
Address: 5046 SW 88TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

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 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: SANDRA N PRATT

D

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date