

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000001970	
1. Entity Name PRO-TEK PRODUCTS, INC.	

Principal Place of Business 1755 S. NAPERVILLE ROAD, SUITE 100 WHEATON, IL 60187	Mailing Address P. O. BOX 4617 WHEATON, IL 60189
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4030252	Applied For 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  ZALANTIS, PAUL 1431 DOUGLAS DRIVE CLEARWATER, FL 33756	<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	U00000582661 01/11/07-80040-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ZALANTIS, PAUL 1690 WHISPERING OAKS CT. WEST CHICAGO, IL 60185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV NIEMI, WAYNE 692 SHORHAVEN DR POINCIANA, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZALANTIS, LINDA 1690 WHISPERING OAKS CT. WEST CHICAGO, IL 60185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 Paul ZALANTIS 1/5/07 630-293-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #