2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90403 048 ***158.75

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DOCUMENT # F04000003133

1. Entity Name
PRORIDER, INC.

Principal Place of Business	Mailing Address
~~1620 INDUSTRY DR. SW, STE C AUBURN, WA 98001~~	~~1620 INDUSTRY DR. SW, STE C AUBURN, WA 98001~~

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7818 S 212th St ~~Ste 106~~		← Same	
Suite, Apt. #, etc.: Ste 106		Suite, Apt. #, etc.	
City & State: Kent, WA		City & State	
Zip: 98032	Country: USA	Zip	Country

4. FEI Number: 91-1826022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301 Change address only	Name: NRAI Services, INC Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Pk Dr. Ste 4 City: Weston FL Zip Code: 33331

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	CP BAO SHENG WANG 1620 INDUSTRY DR. SW, STE C AUBURN, WA 98001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 7818 S 212th St. Ste 106 Kent, WA 98032	☒ Change ☐ Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Baosheng Wang 4/23/2005 253-216-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #