


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90070 038 ***150.00

DOCUMENT # F98000000300		
1. Entity Name PROFUNDUS HOLDINGS, INC.		

Principal Place of Business ATTN: EDWARD TANENBAUM 90 PARK AVENUE NEW YORK, NY 10016	Mailing Address C/O YOUN, HYDE & BARBOUR P.C. PO BOX 467 MIDDLEBURG, VA 20118-0467
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40107363



2. Principal Place of Business - No P.O. Box # Attn: Edward Tanenbaum		3. Mailing Address c/o Yount, Hyde & Barbour, P.C.	
Suite, Apt. #, etc. 90 Park Avenue, 15th Floor		Suite, Apt. #, etc. PO Box 467	
City & State New York, NY		City & State Middleburg, VA	
Zip 10016-1387	Country	Zip 20118-0467	Country

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 13-3140621	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TANENBAUM, EDWARD 90 PARK AVE. 14TH FLOOR NEW YORK, NY 100161387 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Tanenbaum, Edward 90 Park Ave, 15th Floor New York, NY 10016-1387 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POHL, TIMOTHEUS PHA 24 WEST 55TH ST NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMBACH, ERICH VON BINGER STR 173, 55216 INGELHEIM AM RHBIN GERMANY, FN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPEL, JENS VON AUDLEY FARM-P.O. BOX 510 RT 7 BERRYVILLE, VA 22611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, DONATUS DR BINGER STR 173, 55216 INGELHEIM AM RHBIN GERMANY, FN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **EDWARD TANENBAUM** **5/1/07** **212-210-9444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #