2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080287

Title:

Title:

Name: Address:

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City-St-Zip:

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MCKEE, GEORGE C JR

DAVIDSON, NC 28036

SIMMONDS, RUSSELL

DAVIDSON, NC 28036

P.O. BOX 4479

P O BOX 4479

Entity Name: PROFIT TECHNOLOGIES HOLDING CORPORATION

FILED May 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 209 DELBURG STREET 16810 KENTON DRIVE SUITE 206 SUITE 200 DAVIDSON, NC 28036 HUNTERSVILLE, NC 28078 **Current Mailing Address: New Mailing Address:** 16810 KENTON DRIVE P. O. BOX 4479 SUITE 200 DAVIDSON, NC 28036 HUNTERSVILLE, NC 28078 FEI Number: 59-3597244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCKEE, GEORGE MCKEE, GEORGE Name: Name: P.O. BOX 4479 16810 KENTON DRIVE, SUITE 200 Address: Address: City-St-Zip: DAVIDSON, NC 28036 City-St-Zip: HUNTERSVILLE, NC 28078 Title: Title: (X) Change () Addition () Delete MCKEE, CHRISTOPHER B MCKEE, CHRISTOPHER B Name: Name: P.O. BOX 4479 16810 KENTON DRIVE, SUITE 200 Address: Address: DAVIDSON, NC 28036 HUNTERSVILLE, NC 28078 City-St-Zip: 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER B MCKEE VP 05/24/2007

(X) Change () Addition

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SIMMONDS, RUSSELL

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16810 KENTON DRIVE, SUITE 200

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