


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001468 1. Entity Name LOCUST PROJECTS, INC.	
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Principal Place of Business 105 NW 23RD ST MIAMI, FL 33127	Mailing Address 105 NW 23RD ST MIAMI, FL 33127
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02122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1134780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQ
444 BRICKEL AVE, SUITE 300
MIAMI, FL 33131

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000232233
02/16/05-80087-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITHSTANDLEY, ELIZABETH 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLES, WILLIAM 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, BRYAN 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, PAUL 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTLER, JEREMY 105 NW 23RD ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEATER, JOHN 105 NW 23RD ST MIAMI, FL 33127

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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 617, 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: _____ Date: 2-11-05 Daytime Phone #: 305 609-5384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR