




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90086 030 ****70.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # N36919 | | | |  | |
| 1. Entity Name PROJECT RESPONSE, INC. | | | | | |
| Principal Place of Business 745 S APOLLO BLVD MELBOURNE, FL 32901 US | | Mailing Address 745 S. APOLLO BLVD MELBOURNE, FL 32901 US | |  | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3036563 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FITZGERALD, MICHAEL 110 CASSEEKE TRAIL MELBOURNE BEACH, FL 32951 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FITZGERALD, MICHAEL | NAME | | | |
| STREET ADDRESS | 110 CASSEEKE TRAIL | STREET ADDRESS | | | |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DISALVIO, HARRY | NAME | | | |
| STREET ADDRESS | 641 BRADDOCK ST | STREET ADDRESS | | | |
| CITY-ST-ZIP | SEBASTIAN, FL 32958 | CITY-ST-ZIP | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WHITE, FREDERICK | NAME | | | |
| STREET ADDRESS | 3209 VIRGINIA AVE. | STREET ADDRESS | | | |
| CITY-ST-ZIP | FORT PIERCE, FL 34981 | CITY-ST-ZIP | | | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HUTNER, DURGA DAS | NAME | | | |
| STREET ADDRESS | 11155 ROSELAND RD. UNIT 10 | STREET ADDRESS | | | |
| CITY-ST-ZIP | SEBASTIAN, FL 32958 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LEATH, MARK | NAME | | | |
| STREET ADDRESS | 1727 OKEECHOBEE RD | STREET ADDRESS | | | |
| CITY-ST-ZIP | FORT PIERCE, FL 34950 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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 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: 2/14/06 | | Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |