

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 27, 2009
Secretary of State**

DOCUMENT# N36919

Entity Name: PROJECT RESPONSE, INC.

Current Principal Place of Business:745 S APOLLO BLVD
MELBOURNE, FL 32901 US**New Principal Place of Business:****Current Mailing Address:**745 S. APOLLO BLVD
MELBOURNE, FL 32901 US**New Mailing Address:**

FEI Number: 59-3036563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:JACOBS, BRENDA
4701 OLEANDER AVENUE
FORT PIERCE, FL 34982 US**Name and Address of New Registered Agent:**CIVEY, JEFFRY
1666 GLENCOVE AVENUE NW
PALM BAY, FL 32907 US

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: JEFFRY CIVEY

08/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: MCCAMPBELL, ELAINE
Address: 300 NW PEACOCK BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34986Title: D () Delete
Name: DISALVIO, HARRY
Address: 641 BRADDOCK ST
City-St-Zip: SEBASTIAN, FL 32958Title: P () Delete
Name: JACOBS, BRENDA
Address: 4701 OLEANDER AVENUE
City-St-Zip: FORT PIERCE, FL 34982Title: S () Delete
Name: WELTON, LAURIE
Address: 116 QUEEN CHRISTINA COURT
City-St-Zip: FORT PIERCE, FL 34949Title: D () Delete
Name: CIVEY, JEFFRY
Address: 1666 GLENCOVE AVENUE NW
City-St-Zip: PALM BAY, FL 32907Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: T (X) Change () Addition
Name: MCCAMPBELL, ELAINE
Address: 300 NW PEACOCK BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34986Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: JACOBS, BRENDA
Address: 4701 OLEANDER AVENUE
City-St-Zip: FORT PIERCE, FL 34982Title: D (X) Change () Addition
Name: WELTON, LAURIE
Address: 116 QUEEN CHRISTINA COURT
City-St-Zip: FORT PIERCE, FL 34949Title: P (X) Change () Addition
Name: CIVEY, JEFFRY
Address: 1666 GLENCOVE AVENUE NW
City-St-Zip: PALM BAY, FL 32907Title: S () Change (X) Addition
Name: JOHNSON, CHARLENE
Address: 2545 NE 60TH COURT
City-St-Zip: OKCECHOBEE, FL 34972

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFRY CIVEY

P

08/27/2009

Electronic Signature of Signing Officer or Director

Date