

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 10, 2004
Secretary of State**

DOCUMENT# N38003

Entity Name: MAASAI SPECIAL PROJECTS FUND, INC.

Current Principal Place of Business:

%KERRY M WILSON
505 BEACHLAND BLVD STE 264
VERO BEACH, FL 32963

New Principal Place of Business:

MAASAI SPECIAL PROJECTS FUND, INC.
505 BEACHLAND BLVD., PMB 264
VERO BEACH, FL 32963

Current Mailing Address:

%KERRY M WILSON
505 BEACHLAND BLVD STE 264
VERO BEACH, FL 32963

New Mailing Address:

MAASAI SPECIAL PROJECTS FUND, INC.
505 BEACHLAND BLVD., PMB 264
VERO BEACH, FL 32963

FEI Number: 65-0216787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILSON, KERRY M.
141 5TH ST. NW #300
WINTER HAVEN, FL 33881 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JEFF BLACK,
Address: 1820 BLUE RIDGE RD
City-St-Zip: GAINESVILLE, GA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Delete
Name: STRANG, SHORTER T S
Address: 2716 LAUREL DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: PD (X) Change () Addition
Name: STRANG, FRED FOY
Address: 2716 LAUREL DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: FORT, ROBERT
Address: 415 WILLOW OAK CT.
City-St-Zip: FORT MEADE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: ROE, MORGAN
Address: PO BOX 900
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: MARSHALL, CRAIG
Address: 1249 PLUM BRANCH LANE
City-St-Zip: FORT MILL, SC 29715

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: CRAIG, CAROL
Address: 944 FIRESTRONE ROAD
City-St-Zip: WESTMINSTER, MD 21158

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRED FOY STRANG

PD

11/10/2004

Electronic Signature of Signing Officer or Director

_____ Date