2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38003

FILED Sep 05, 2005 Secretary of State

Entity Name: MAASAI SPECIAL PROJECTS FUND, INC.

Current Principal Place of Business: New Principal Place of Business: MAASAI SPECIAL PROJECTS FUND, INC. 505 BEACHLAND BLVD., PMB 264 VERO BEACH, FL 32963 **New Mailing Address: Current 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 () 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: () Delete (X) Change () Addition JEFF BLACK, BLACK, JEFF R Name: Name: 1820 BLUE RIDGE RD Address: 1820 BLUE RIDGE RD Address: City-St-Zip: GAINESVILLE, GA City-St-Zip: GAINESVILLE, GA Title: PD () Delete Title: (X) Change () Addition STRANG, FRED FOY Name: STRANG, FRED FOY DR. Name: Address: 2716 LAUREL DRIVE Address: 1177 HOLSTON AVE. City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: BRISTOL, TN 37620 Title: () Delete Title: (X) Change () Addition FORT, ROBERT FORT, ROBERT DR. Name: Name: Address: 415 WILLOW OAK CT. Address: 415 WILLOW OAK CT. City-St-Zip: FORT MEADE, FL City-St-Zip: FORT MEADE, FL Title: () Delete Title: () Change () Addition Name: ROE, MORGAN Name: Address: PO BOX 900 Address: WINTER HAVEN, FL 33880 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MARSHALL, CRAIG Name: Name: 1249 PLUM BRANCH LANE Address: Address: City-St-Zip: FORT MILL, SC 29715 City-St-Zip: Title: () Delete Title: () Change () Addition CRAIG, CAROL Name: Name: Address: 944 FIRESTRONE ROAD Address: WESTMINSTER, MD 21158 City-St-Zip: 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 09/05/2005