
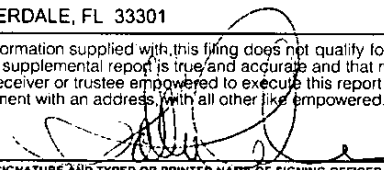


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90074 024 ****70.00

DOCUMENT # N98000001543					
1. Entity Name PROJECT DISCOVERY, INC.					
Principal Place of Business 401 SW 2ND ST FT LAUDERDALE, FL 33312			Mailing Address 401 SW 2ND ST FT LAUDERDALE, FL 33312		
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 65-0822020	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOREN, SAMUEL S ESQ 3099 E COMMERCIAL BLVD, SUITE 200 FT LAUDERDALE, FL 33308				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOENIG, KEITH		NAME		
STREET ADDRESS	6701 N HIATUS RD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVINSON, JON		NAME		
STREET ADDRESS	2915 FESERM HWY #D2		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSCHMAN, ROBERT		NAME		
STREET ADDRESS	6300 NE 1ST AVE 3RD FLOOR		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGELO, THOMAS		NAME		
STREET ADDRESS	515 E LAS OLAS BLVD #850		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, RAMON A		NAME		
STREET ADDRESS	350 E W OLAS BLVD #1420		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOODMAN, MARC E		NAME	TANNER, PAUL	
STREET ADDRESS	450 E. MS OLAS BLVD., #750		STREET ADDRESS	450 ROYAL PALM WY	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	PALM BEACH, FL 33480	
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: 4/13/06 Daytime Phone #: 954-712-1160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

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03282006 Chg-NP CR2E037 (11/05)

ATTACHMENT

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#N98000001543

Patty Ackerman
VP Finance
401 SW 2nd St.
Fort Lauderdale, FL 33312