

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 050 ****70.00

50001325



04162007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0822020	
				Applied For 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 Kim Cavendish		
			Street Address (P.O. Box Number is Not Acceptable)		
			401 SW 2nd St.		
			City Fort Lauderdale		FL 33312
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		<i>Kim Cavendish</i>		4/18/07	
		Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	VPF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINSON, JON		NAME	Ackerman, Patty	
STREET ADDRESS	2915 FESERM HWY #D2		STREET ADDRESS	401 SW 2nd St.	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, RAMON A		NAME	Cavendish, Kim	
STREET ADDRESS	350 E W OLAS BLVD #1420		STREET ADDRESS	401 SW 2nd St.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, PAUL		NAME		
STREET ADDRESS	450 ROYAL PALM WY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		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:		<i>Patty Ackerman</i>		4/16/07	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	

954-467-6637 x312