

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10893

FILED  
Jun 26, 2007  
Secretary of State

Entity Name: PROJECT RETURN, INC.

## Current Principal Place of Business:

304 W WATERS AVE  
TAMPA, FL 33604

## New Principal Place of Business:

## Current Mailing Address:

304 W WATERS AVE  
TAMPA, FL 33604

## New Mailing Address:

FEI Number: 59-2612753      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:

MITCHELS, NATALIE  
304 WEST WATERS AVE  
TAMPA, FL 33604      US

## Name and Address of New Registered Agent:

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:

Title: PD      ( ) Delete  
Name: TOWNSEND, PAMELA  
Address: 402 FERN CLIFF AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D      ( ) Delete  
Name: ADAMS, DEBORAH  
Address: 4940 WILLOW RIDGE TERRACE  
City-St-Zip: VALRICO, FL 33594

Title: MD      ( ) Delete  
Name: MITCHELS, NATALIE  
Address: 1304-B WEST WATERS AVE  
City-St-Zip: TAMPA, FL 33604

Title: STD      ( ) Delete  
Name: HUEY, PAUL  
Address: 14009 SHADY SHORES DR  
City-St-Zip: TAMPA, FL 33613

Title: D      ( ) Delete  
Name: HIGGINS, LAWRENCE MON.  
Address: 5225 N HINES AVE  
City-St-Zip: TAMPA, FL 33614

Title: VD      ( ) Delete  
Name: KURTZMAN, ROBIN  
Address: 8218 RIVER BOAT DRIVE  
City-St-Zip: TAMPA, FL 33637

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD      (X) Change ( ) Addition  
Name: ADAMS, DEBORAH  
Address: 4940 WILLOW RIDGE TERRACE  
City-St-Zip: VALRICO, FL 33594

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

Title: D      (X) Change ( ) Addition  
Name: PRESTON, MARIE  
Address: 1057 S. CLEARVIES AVENUE  
City-St-Zip: TAMPA, FL 33629

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

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

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: NATALIE Y. MITCHELS

MD

06/26/2007

Electronic Signature of Signing Officer or Director

Date