

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10893

FILED
Apr 28, 2009
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 (X)

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: D (X) Delete
Name: THOMAS, GEORGE
Address: 11405 ORILLA DEL RIO
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: STD () 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: D () Delete
Name: PRESTON, MARIE
Address: 1057 S. CLEARVIEW AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: HIGGINS, LAWRENCE MON.
Address: 5225 N HIMES 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

Title: PD (X) Change () Addition
Name: KURTZMAN, ROBIN
Address: 8218 RIVER BOAT DRIVE
City-St-Zip: TAMPA, FL 33637

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

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date