I hereby 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 all other like empowered.

SIGNATURE: NATALIE Y. MITCHELS

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 304 W WATERS AVE

Entity Name: PROJECT RETURN, INC.

Current Mailing Address:

304 W WATERS AVE TAMPA, FL 33604

FEI Number: 59-2612753

Name and Address of Current Registered Agent:

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

Date

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	STD	Title	MD
Name	ADAMS, DEBORAH	Name	MITCHELS, NATALIE
Address	170 E. BLOOMINGDALE AVE.	Address	303 WEST WATERS AVE
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	TAMPA FL 33604
	-	T '0.	55
Title	D	Title	PD
Title Name	D PRESTON, MARIE	Title Name	PD KURTZMAN, ROBIN
	-		

03/05/2019 EXECUTIVE DIRECTOR

Date

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

TAMPA, FL 33604

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