


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90285 033 \*\*\*\*70.00

<b>DOCUMENT # 747480</b> 1. Entity Name <b>PROJECT STOPPP, INC.</b>					
Principal Place of Business <b>520 N W 72ND LANE MIAMI FL 33238-0152 US</b>			Mailing Address <b>P.O. BOX 380152 MIAMI FL 33238-0152 US</b>		
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 <b>59-1965184</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ORANGE, CLEOPHUS 951 NW 46TH ST MIAMI FL 33127</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, BERNICE		NAME		
STREET ADDRESS	485 NW 84TH LANE		STREET ADDRESS	8471 NW 5TH COURT	
CITY-ST-ZIP	MIAMI, FL 00000		CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	VD		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SNOW, ROBERT		NAME	RAMSEY, DAVID	
STREET ADDRESS	8015 SW 198TH TERRACE		STREET ADDRESS	15255 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOKS, JUANITA		NAME		
STREET ADDRESS	16914 NW 52 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, FREDDIE L.		NAME		
STREET ADDRESS	1369 NW 96TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		CITY-ST-ZIP		
TITLE	PDC		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, MAURICE		NAME		
STREET ADDRESS	9190 BISCAYNE BLVD SUITE 202		STREET ADDRESS	110 PACES BROOK AVENUE, APT 11012	
CITY-ST-ZIP	MIAMI SHORES FL		CITY-ST-ZIP	COLUMBIA, SC 29212	
TITLE	M		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORANGE, CLEO		NAME		
STREET ADDRESS	951 NW 46TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Cleo Orange, CLEO ORANGE 4/25/06 (305)751-7061