


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 747480 1. Entity Name PROJECT STOPPP, INC.	
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Principal Place of Business 520 N W 72ND LANE MIAMI, FL 33238-0152 US	Mailing Address P.O. BOX 380152 MIAMI, FL 33238-0152 US
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01132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1965184	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORANGE, CLEOPHUS 951 NW 46TH ST MIAMI, FL 33127

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JOHNSON, BERNICE 8471 NW 5TH CRT MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RAMSEY, DAVID 15255 NW 82ND AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC WALLACE, MAURICE 110 PACES BROOK AVE APT 11012 COLUMBIA, SC 29212
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M ORANGE, CLEO 951 NW 46TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000605587 01/30/07-80041-022 70.00
DO NOT WRITE IN THIS SPACE

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: Cleo Orange **CLEO ORANGE** 1/22/07 (305) 751-7061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #