

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006956

Entity Name: PROJECT CUDDLE, INC.

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

2973 HARBOR BLVD., #326
COSTA MESA, CA 92626

New Principal Place of Business:

Current Mailing Address:

2973 HARBOR BLVD., #326
COSTA MESA, CA 92626

New Mailing Address:

FEI Number: 33-0486176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HOLT, PATRICIA
6167 SW SECOND STREET
MARGATE, FL 33068 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: T () Delete
Name: MAGNUSEN, DAVID
Address: 1075 CORONA LANE
City-St-Zip: COSTA MESA, CA 92626

Title: D () Delete
Name: HINDS, SHEL
Address: 1711 E BAY AVE
City-St-Zip: LONG BEACH, CA 90806

Title: POD () Delete
Name: LEEKA, ANDY
Address: 4368 HAYMAN AVE
City-St-Zip: LA CANADA, CA 91011

Title: D () Delete
Name: BRONSTEIN, LLOYD
Address: 3901 HIGHLAND AVE #8
City-St-Zip: MANHATTAN BEACH, CA 90266

Title: VP (X) Delete
Name: IDELL, EDWARD
Address: 4334 COLBAT N. AVE.
City-St-Zip: SHERMAN OAKS, CA 91423

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MAY, WILLIAM J
Address: 320 NORTH HALSTEAD ST., SUITE 140B
City-St-Zip: PASADENA, CA 91107

Title: PD (X) Change () Addition
Name: LOZANO, FRANK
Address: 23606 WEST MUIR TRAIL, UNIT 71
City-St-Zip: VALENCIA, CA 91354

Title: VPD (X) Change () Addition
Name: POLSTON, GARY
Address: 850 EAST CHAPMAN AVE, SUITE A
City-St-Zip: ORANGE, CA 92866

Title: SD (X) Change () Addition
Name: IDELL, EDWARD
Address: 4334 COLBATH AVE #301
City-St-Zip: SHERMAN OAKS, CA 91423

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD IDELL

SD

09/06/2005

Electronic Signature of Signing Officer or Director

Date