2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: WISCONSIN-MANKIND PROJECT, INC.

Current Principal Place of Business:

8989 N PORT WASHINGTON ROAD
#227
MILWAUKEE, WI 53217 US

New Principal Place of Business:

Current Mailing Address:

8989 N PORT WASHINGTON RD
#227
MILWAUKEE, WI 53217 US

New Mailing Address:

FEI Number: 39-1712307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DWORKIN, ED
217 KENTUCKY BLUE CIR
APOPKA, FL 32712 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: P
Name: LITZAU, ROBERT
Address: 5816 N 37TH ST
City-St-Zip: MILWAUKEE, WI 53209

Title: S
Name: NEMICK, JOHN
Address: 2391 CEDAR RIDGE #C
City-St-Zip: GREEN BAY, WI 54313 US

Title: D
Name: PELLINEN, JOHN
Address: 726 S STATE STREET
City-St-Zip: APPLETON, WI 54911

Title: T
Name: SZPER, DOUGLAS A
Address: N1811 KNORR RD
City-St-Zip: RANDOM LAKE, WI 53075

Title: D
Name: CARTER, THOMAS
Address: 2545 N STOWALL AVE #2
City-St-Zip: MILWAUKEE, WI 53211 US

Title: D
Name: CLARK, JAMES F
Address: 8006 N. JOHN PAUL ROAD
City-St-Zip: MILTON, WI 53563 US

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: DOUGLAS A. SZPER T 01/07/2010

Electronic Signature of Signing Officer or Director Date