

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002627

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE LYNX PROJECT, INC.

Current Principal Place of Business:

195 BAY COLT ROAD
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

6081 SILVER KING BLVD, # 904
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 37-1542750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, LAURA
6081 SILVER KING BLVD, #904
CAPE CORAL, FL 33914 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: CP () Delete
Name: RESTREPO, LAURA
Address: 195 BAY COLT ROAD
City-St-Zip: ALPHARETTA, GA 30004

Title: VCT () Delete
Name: SPENCE, MONIQUE
Address: PO BOX 813291
City-St-Zip: SMYRNA, GA 30081

Title: D () Delete
Name: MAHENS, RYAN
Address: 79 WARD DRIVE
City-St-Zip: ELLENWOOD, GA

Title: SD () Delete
Name: BOLIVAR, CARMEN
Address: 12880 VEER PARK LANE
City-St-Zip: ALPHARETTA, GA 30004

Title: VP () Delete
Name: NZERIBE, GERALDINE
Address: 2857 LENOX ROAD, UNIT 139
City-St-Zip: ATLANTA, GA

Title: CFO () Delete
Name: OCHEMBA, CLIFF
Address: 2808 VINTAGE WOOD WAY
City-St-Zip: KENNESAW, GA 30144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAURA RESTREPO

CP

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date