

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000613

FILED
May 04, 2011
Secretary of State

Entity Name: THE ADVANCEMENT PROJECT INC.

Current Principal Place of Business:

1220 L STREET, NW
SUITE 850
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

1220 L STREET, NW
SUITE 850
WASHINGTON, DC 20005

New Mailing Address:

FEI Number: 95-4835230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: PD
Name: MUNGER, MOLLY
Address: 1541 WILSHIRE BOULEVARD, SUITE 508
City-St-Zip: LOS ANGELES, CA 90017

Title: STD
Name: ENGLISH, STEPHEN
Address: 1541 WILSHIRE BOULEVARD, SUITE 508
City-St-Zip: LOS ANGELES, CA 90017

Title: D
Name: ALVAREZ, JOSE JOE
Address: 83 IROQUOIS RD
City-St-Zip: YONKERS, NY 10710

Title: D
Name: BELAFONTE, HARRY
Address: PO BOX 650189
City-St-Zip: FRESH MEADOWS, NY 11365

Title: D
Name: GARCIA, BONIFACIO
Address: 500 SOUTH GRAND AVENUE, SUITE 1310
City-St-Zip: LOS ANGELES, CA 90071

Title: D
Name: HAIR, PENDA D
Address: 1220 L STREET NW, SUITE 850
City-St-Zip: WASHINGTON, DC 20005

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: PENDA D. HAIR

D

05/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date