


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90078 005 \*\*\*\*61.25

**DOCUMENT # F93000001048**

1. Entity Name  
**THE MYELIN PROJECT, INC.**



Principal Place of Business <b>2136 GALLOWS RD          SUITE E          DUNN LORING, VA 22027</b>	Mailing Address <b>2136 GALLOWS RD          SUITE E          DUNN LORING, VA 22027</b>
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**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>52-1545992</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLD, JAY  
 2207 EARLEAF COURT  
 LONGWOOD, FL 32779**

**DO NOT WRITE IN THIS SPACE**

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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ODONE, AUGUSTO 2136 GALLOWS RD SUITE E DUNN LORING, VA 22027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEY, JEAN 31 BEECHWOOD ROAD BRANFORD, CT 06405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, JAY 2207 EARLEAF CT. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERNHART, JOHN 3054 185TH ST. MOVILLE, IA 51039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, PATTI 1449 CALLE DEL JONELLA PACIFIC PALISADES, CA 90272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOVDE, ERIC 1826 JEFFERSON PLACE NW WASHINGTON, DC 20036

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: JEAN A. KELLEY **JEAN A. KELLEY** May 20, 2005 203-481-9185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #