2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# F93000001048

Entity Name: THE MYELIN PROJECT, INC.

Current Principal Place of Business:

2136 GALLOWS RD
SUITE E
DUNN LORING, VA 22027

New Principal Place of Business:

Current Mailing Address:

2136 GALLOWS RD
SUITE E
DUNN LORING, VA 22027

New Mailing Address:

FEI Number: 52-1545992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLD, JAY
2207 EARLEAF COURT
LONGWOOD, FL 32779 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	( ) Delete
Name:	ODONE, AUGUSTO	
Address:	2136 GALLOWS RD SUITE E	
City-St-Zip:	DUNN LORING, VA 22027	
Title:	T	( ) Delete
Name:	KELLEY, JEAN	
Address:	31 BEECHWOOD ROAD	
City-St-Zip:	BRANFORD, CT 06405	
Title:	D	( ) Delete
Name:	GOLD, JAY	
Address:	2207 EARLEAFT CT.	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	( ) Delete
Name:	GERNHART, JOHN	
Address:	3054 185TH ST.	
City-St-Zip:	MOVILLE, IA 51039	
Title:	S	( ) Delete
Name:	CHAPMAN, PATTI	
Address:	1449 CALLE DEL JONELLA	
City-St-Zip:	PACIFIC PALISADES, CA 90272	
Title:	D	( ) Delete
Name:	HOVDE, ERIC	
Address:	1826 JEFFERSON PLACE NW	
City-St-Zip:	WASHINGTON, DC 20036	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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 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: AUGUSTO ODONE P 04/28/2006

Electronic Signature of Signing Officer or Director — Date