

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004720

FILED
May 01, 2007
Secretary of State

Entity Name: PROJECT HUNGARY, INC.

Current Principal Place of Business:

1300 RIVERPLACE BLVD
101
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1300 RIVERPLACE BLVD
101
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3711177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPENCER, KENDALL
13840 ADMIRALS BEND DRIVE
JACKSONVILLE, FL 32255420 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 () Delete
Name: ST DENIS, DONALD
Address: 3210 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: STRWABRIDGE, VINCE
Address: 5058 SHADY LAKE LANE
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: BRAUN, ADAM
Address: 375 MACY ST
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD () Delete
Name: SPENCER, KENDALL
Address: 13840 ADMIRALS BEND
City-St-Zip: JACKSONVILLE, FL 32255425

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:

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: DONALD W. ST. DENIS

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date