


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90066 020 ****61.25

DOCUMENT # N00000006850	
1. Entity Name PROJECT SPECIAL CARE INC.	

Principal Place of Business 1955 US 1 SOUTH, STE 400 SAINT AUGUSTINE FL 32086	Mailing Address 1955 US 1 SOUTH, STE 400 SAINT AUGUSTINE FL 32086
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2. Principal Place of Business	3. Mailing Address 2155 Old Manatee
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State	City & State St Augustine, FL
Zip	Zip 32086
Country	Country St Johns



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3675101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUCE, GARY 1955 US 1 SOUTH, STE 400 SAINT AUGUSTINE FL 32086	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

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 GARY BRUCE EXEC. DIR DATE 2-9-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE EXECUTIVE DIRECTOR	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUCE, GARY		NAME DeLaughter, Tom PhD	
STREET ADDRESS 603 ST. AUGUSTINE SOUTH DR.		STREET ADDRESS PO Box 1027	
CITY-ST-ZIP SAINT AUGUSTINE FL 32086		CITY-ST-ZIP St Augustine, FL 32085	
TITLE VP-VC	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOH, ALAN		NAME Chase, Lisa PhD	
STREET ADDRESS 3932 S PENINSULA DRIVE		STREET ADDRESS one university Blvd	
CITY-ST-ZIP PORT ORANGE FL 32127		CITY-ST-ZIP St Augustine, FL 32086	
TITLE STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBOER- COOK, AINSLEY		NAME	
STREET ADDRESS 213 PALMETTO AVENUE		STREET ADDRESS	
CITY-ST-ZIP SAINT AUGUSTINE FL 32095		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIXON, LARRY		NAME	
STREET ADDRESS 444 SEABREEZE AVE., STE 730		STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32118		CITY-ST-ZIP	
TITLE Secretary/Treasurer	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDWARDS, DENISE		NAME	
STREET ADDRESS 603 ST. AUGUSTINE SOUTH DR.		STREET ADDRESS	
CITY-ST-ZIP SAINT AUGUSTINE FL 32086		CITY-ST-ZIP	
TITLE Chairman	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Morgan, Bruce		NAME	
STREET ADDRESS 5200 Pheasant Ct		STREET ADDRESS	
CITY-ST-ZIP Port Vella Beach, FL 32082		CITY-ST-ZIP	

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: GARY BRUCE EXEC. DIR 2-9-05

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