


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90023 035 \*\*\*\*61.25

<b>DOCUMENT # N00000006850</b> 1. Entity Name <b>PROJECT SPECIAL CARE INC.</b>					
Principal Place of Business 2155 OLD MOULTRIE 201 SAINT AUGUSTINE, FL 32086			Mailing Address 2155 OLD MOULTRIE 201 SAINT AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc. <b>Suite 101</b>		04062007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-3675101</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRUCE, GARY</b> <b>1955 US 1 SOUTH, STE 400</b> <b>SAINT AUGUSTINE, FL 32086</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2155 Old Moultrie, Suite 101</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>BRUCE, GARY</b> <b>603 ST. AUGUSTINE SOUTH DR.</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>LOH, ALAN</b> <b>3932 S PENINSULA DRIVE</b> <b>PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE LAUGHTER, TOM PHD</b> <b>PO BOX 1027</b> <b>SAINT AUGUSTINE, FL 32085</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NIXON, LARRY</b> <b>444 SEABREEZE AVE., STE 730</b> <b>DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>EDWARDS, DENISE</b> <b>603 ST. AUGUSTINE SOUTH DR.</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHASE, LISA PHD</b> <b>ONE UNIVERSITY BLVD</b> <b>SAINT AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Evans, Jessica</b> <b>1420 US Hwy. 1 South</b> <b>St. Augustine, FL 32084</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>marvin, Pat</b> <b>One University Blvd.</b> <b>St. Augustine, FL 32086</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Rosa, Denise</b> <b>328 Palmas Circle</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hadjis, Sharon</b> <b>309 Alcazar St.</b> <b>St. Augustine, FL 32080</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Denise Rosa</u> <u>Denise Rosa</u> <u>3/10/07</u> <u>9047970600</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					