2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N01000006128

Entity Name: THE M.O.R.G.A.N. PROJECT, INC.

Current Principal Place of Business:

3830 S. HIGHWAY A-1-A
SUITE C-4, #153
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

3830 S. HIGHWAY A-1-A
SUITE C-4, #153
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 59-3744749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALFARA, ROBERT C
3830 S. HIGHWAY A-1-A
SUITE C-4, #153
MELBOURNE BEACH, FL 32951 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: MALFARA, ROBERT
Address: 4947 IDLE HOUR CT
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD ( ) Delete
Name: JEAVONS, SHARON
Address: 99 CHIOU DRIVE
City-St-Zip: GRISWOLD, CT 06351

Title: TD ( ) Delete
Name: MALFARA, KRISTEN
Address: 4947 IDLE HOUR CT
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD ( ) Delete
Name: JEAVONS, SCOTT
Address: 99 CHIOU DRIVE
City-St-Zip: GRISWOLD, CT 06351

Title: VD ( ) Delete
Name: ROMANO, LEE
Address: 55 FLORIDA BLVD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: BD ( ) Change (X) Addition
Name: KELSCH, SHAWNA
Address: 2598 PUTNAM
City-St-Zip: INDIALANTIC, FL 32903

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: KRISTEN MALFARA TD 01/23/2009
Electronic Signature of Signing Officer or Director — Date