

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004815

FILED
Mar 28, 2006
Secretary of State

Entity Name: EMERGENCY ROOM COMFORT PROJECT, INC.

Current Principal Place of Business:

10711 HAWKS VISTA ST
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

10711 HAWKS VISTA ST
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-0078896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOK, RONALD L
2999 NE 191 ST PH6
AVENTURA, FL 33180 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: BOOK, SAMANTHA
Address: 10711 HAWKS VISTA STREET
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: BOOK, CHASE
Address: 10711 HAWKS VISTA STREET
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SAMANTHA BOOK

P

03/28/2006

Electronic Signature of Signing Officer or Director

Date