2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02000007887

1. Entity Name
THE PHILADELPHIA PROJECT, INC.

Principal Place of Business

251 CRESTVIEW DRIVE CLERMONT, FL 34711 Mailing Address

251 CRESTVIEW DRIVE CLERMONT, FL 34711

FILED Mar 31, 2004 08:00 AM Secretary of State



03032004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 02-0648096 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

SIGNATURE: _

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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 Signature, typod or printed name of registered agont and title if applicable (NOTE, Registered Agent signature required when remaining) DATE					
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000099971 03/31/04-80027-001 61.25
18.	OFFICERS AND DIRE	CTORS			
THEE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAN, JUAN A 251 CRESTVIEW DRIVE CLERMONT, FL 34711				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D CHAN, DENISE O 251 CRESTVIEW DRIVE CLERMONT, FL 34711				
TIPLE NAME STREET ADORESS CRY+ST-ZIP	D CHAN, HILDA R 251 CRESTVIEW DRIVE CLERMONT, FL 34711		DO NOT WRITE IN THIS SPACE		
THEE NAME STREET ADDRESS CITY-ST-ZIP	D CHAN, NEVILLE A 6470 SW 41ST ST. #28 MIAMI, FL 33155				
utle Name Street address City-St-Zip					
Title Name Strlei Address City-St-Zip					
12. Thereby certify that the information supplied with this filling 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.					