## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001458

Address:

City-St-Zip:

Entity Name: THE PROJECT ANNA FOUNDATION

FILED Apr 02, 2004 Secretary of State

Entity Nar	me: THE PR	DJECT ANNA FOUNDATION,	INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 206	LARD STREE SARDEN, FL					
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 206	LARD STREE SARDEN, FL					
FEI Number:	: 57-1153699	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
SUITE 204 WINTER C The above in the State	LÁRD STREE       GARDEN, FL   named entity   e of Florida.	34787 US	purpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Ager			ent		 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SILANSKAS, F 232 S. DILLAF	) Delete IICHARD M JR. ID STREET SUITE 204 DEN, FL 34787	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SILANSKAS, V 232 S. DILLAR	) Delete INCE ID STREET SUITE 206 DEN, FL 34787	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LYONS, JOES	SAL STUDIOS PLAZA BLDG 22A #21	Title: Name: 6 Address: City-St-Zip:		(X) Change()Addition DESPH LLARD STREET SUITE 206 ARDEN, FL 34787	
Title: Name:	D ( MILES, ERIC	) Delete	Title: Name:	D SILANSKAS	(X) Change()Addition S. CRIS	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

232 S. DILLARD STREET SUITE 206 WINTER GARDEN, FL 34787

SIGNATURE: VINCE SILANSKAS D 04/02/2004

1000 UNIVERSAL STUDIOS PLAZA BLDG 22A #216

ORLANDO, FL 32819