2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001458

FILED Apr 28, 2005 Secretary of State

Entity Name: THE PROJECT ANNA FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 232 S. DILLARD STREET SUITE 206 WINTER GARDEN, FL 34787 **New Mailing Address: Current Mailing Address:** 232 S. DILLARD STREET SUITE 206 WINTER GARDEN, FL 34787 FEI Number: 57-1153699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILANSKAS, VINCE 232 S. DILLÁRD STREET SUITE 204 WINTER GARDEN, FL 34787 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SILANSKAS, RICHARD M JR. Name: Name: 232 S. DILLARD STREET SUITE 204 Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition SILANSKAS, VINCE Name: Name: Address: 232 S. DILLARD STREET SUITE 206 Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition LYONS, JOESPH Name: Name: 1232 S. DILLARD STREET SUITE 206 Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: () Delete Title: Title: () Change () Addition Name: SILANSKAS, CRIS Name: 232 S. DILLARD STREET SUITE 206 Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip:

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.

SIGNATURE: VINCE SILANSKAS D 04/28/2005