2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N03000001458

Entity Name: THE PROJECT ANNA FOUNDATION, INC.

Current Principal Place of Business:

115 BLOXAM AVE.
TOWER VIEW COMPLEX
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120850
CLERMONT, FL 34712

New Mailing Address:

P.O. BOX 1859
MINNEOLA, FL 34755

FEI Number: 57-1153699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILANSKAS, VINCE
115 BLOXAM AVE.
TOWER VIEW COMPLEX
CLERMONT, FL 34711 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: D ( ) Delete
Name: SILANSKAS, RICHARD M JR.
Address: P.O. BOX 120850
City-St-Zip: CLERMONT, FL 34712

Title: D ( ) Delete
Name: SILANSKAS, VINCE
Address: P.O. BOX 120850
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: LYONS, JOESPH
Address: P.O. BOX 120850
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: SILANSKAS, CRIS
Address: P.O. BOX 120850
City-St-Zip: CLERMONT, FL 34712

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:

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: VINCE SILANSKAS D 03/13/2008

Electronic Signature of Signing Officer or Director — Date