

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006563

FILED
Apr 28, 2006
Secretary of State

Entity Name: PROJECT PADDLE ODYSSEY, INCORPORATED

Current Principal Place of Business:

3019 8 ST N
ST PETERSBURG, FL 337042010

New Principal Place of Business:

Current Mailing Address:

3019 8 ST N
ST PETERSBURG, FL 337042010

New Mailing Address:

FEI Number: 56-2383100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFSTADER, SUSAN
3019 8 ST N
ST PETERSBURG, FL 337042010 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: PD () Delete
Name: HOFSTADER, CHRISTIAN D
Address: 3019 8 ST N
City-St-Zip: ST PETERSBURG, FL 337042010

Title: D () Delete
Name: HENTER, TED
Address: 8335 37 AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Delete
Name: MANN, WILLIAM PH.D
Address: UNIVERSITY OF FLA. P.O. BOX 100164
City-St-Zip: GAINESVILLE, FL 326100164

Title: VD () Delete
Name: O'CAMPO, ERNIE
Address: 1500 POINSETTA AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TSD () Delete
Name: HOFSTADER, SUSAN
Address: 3019 8TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D () Delete
Name: BREWINGTON, JAY
Address: 920 W ORIENT ST
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALVO, MIKE
Address: 13876 SW 56 ST, # 181
City-St-Zip: MIAMI, FL 33175

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBERTS, RICK
Address: 5224 W SR 46 #102
City-St-Zip: SANFORD, FL 32771

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: SUSAN HOFSTADER

TSD

04/28/2006

Electronic Signature of Signing Officer or Director

Date