

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001286

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: PROJECT RESTORATION, INC.

**Current Principal Place of Business:**

3702 WINDSOR DR.  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

3702 WINDSOR DR.  
COCOA, FL 32926

**New Mailing Address:**

FEI Number: 83-0386633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARDIROSIAN, KATHY  
3702 WINDSOR DR  
COCOA, FL 32926 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: MILES, THERESA  
Address: 1498 STAFFORD AVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PD ( ) Delete  
Name: MARDIROSIAN, KATHY  
Address: 3702 WINDSOR DR  
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete  
Name: STOUGHTON, VICKI  
Address: 1540 E CORAL STREET  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: ROBBINS, TOM  
Address: 2455 N. TROPICAL TRAIL #34  
City-St-Zip: MERRITT ISLAND, FL 32953

**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: KATHY MARDIROSIAN

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date