2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005
Secretary of State

DOCUMENT# N04000001398

Entity Name: ZEUS PROJECT -- PEDIATRIC WELLNESS CENTER, INC.

Current Principal Place of Business:

SWANSONG
1430 SOUTH OCEAN DRIVE
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

1323 SOUTHEAST SEVENTEENTH STREET
SUITE 203
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, CHRISTINA PH.D.
1323 SOUTHEAST SEVENTEENTH STREET
SUITE 203
FORT LAUDERDALE, FL 33316 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:	P, D	( ) Delete
Name:	THOMPSON, CHRISTINA PH.D.	
Address:	1323 SOUTHEAST SEVENTEENTH STREET, STE 203	
City-St-Zip:	FORT LAUDERDALE, FL 33316 US	
Title:	VP,D	( ) Delete
Name:	THOMPSON, CHARLESTON G LT USMC	
Address:	1323 SOUTHEAST SEVENTEENTH STREET, STE 203	
City-St-Zip:	FORT LAUDERDALE, FL 33316 US	
Title:	S &T	( ) Delete
Name:	THOMPSON, DELIGHT C PH.D.	
Address:	105 SEVEN SEAS DRIVE	
City-St-Zip:	CHERRY POINT, NC 28532 US	
Title:	DIR.	( ) Delete
Name:	THOMPSON, CHERISH A JD.	
Address:	100 LINCOLN ROAD, SUITE 1532	
City-St-Zip:	MIAMI, FL 33139 US	
Title:	DIR	( ) Delete
Name:	CASH, RALPH E MD.	
Address:	7699 STIRLING ROAD	
City-St-Zip:	HOLLYWOOD, FL 33021 US	
Title:	DIR	( ) Delete
Name:	BROOKS, DENNIS MD.	
Address:	UFL MEDICAL SCHOOL, SOUTHWEST SHEELY DRIVE	
City-St-Zip:	GAINESVILLE, FL 32610 US	

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:	
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 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: DELIGHT THOMPSON S&T 08/29/2005
Electronic Signature of Signing Officer or Director — Date