2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # N04000009127 02-17-2006 90076 019 ****61.25 1. Entity Name THE BOX PROJECT, INC. Principal Place of Business Mailing Address er grenne finner i 100 BUSINESS CENTER DRIVE 100 BUSINESS CENTER DRIVE SUITE 26 ORMOND BEACH FL 32174 SUITE 26 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 06-0854618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATNEAUDE, SUSAN Street Address (P.O. Box Number is Not Acceptable) 236 GALA CIRCLE DAYTONA BEACH FL 32124 City Zip Code 8. 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. I am familiar with, and accept the obligations of egistered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE PATNEAUDE, SUSAN EXEC. NAME NAME 100 BUSINESS CENTER DRIVE SUITE 26 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition anne Blake SCHOLFIELD, EVA NAME NAME 20 orchard lane 816 BROOKSIDE DR. STREET ADDRESS STREET ADDRESS TOMS RIVER NJ 08753 CITY-ST-ZIP Grosse fointe Farms, MI48236 CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME Adell Moore BLAKE, ANNE 3339 Idlewild Dr. STREET ADDRESS 20 ORCHARD LANE STREET ADDRESS GROSSE POINTE FARMS MI 48236 CITY-ST-ZIP CITY-ST-7IP augusta GA 30909 _____hange Addition TITLE ☐ Delete TITLE Joyce Pepin MOORE, ADELL NAME NAME 10 Jill Alison Circle 3339 IDLEWILD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUGUSTA GA 30909 CITY-ST-ZIP Ormand Beach, FL 32176 TITLE Delete TITLE 🔀 Addition USES THE KNIFE, RAYMOND Thespine Kavoulakis P.O. BOX 680 162 main Entrance Drive STREET ADDRESS STREET ADDRESS EATLE BUTTE SD 57625 CITY-ST-ZIP CITY-ST-ZIP Pittsburgh, PA 15228 TITLE **X** Delete TITLE ☐ Addition TAYLOR, SUE NAME NAME STREET ADDRESS 14025 RIVERSIDE DR., #9 STREET ADDRESS SHERMAN OAKS CA 91423 CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the rederiver of trustee empowered to execute this peport as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all giver like empowered. Susen for neared

FILED