2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000010697 1. Entity Name
TREASURE BOX PROJECT, INC

FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90286 040 ****61.25

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Principal Place of Business P.O.BOX 6592 DELRAY BCH, FL 33482-6592		Mailing Address P.O.BOX 6592 DELRAY BCH, FL 33482-6592			-~~~000					
2. Principal P	Place of Business	3. Mailing Address								
					11000000					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02262006	Chg-NP	CR2E037	(11/05)		
City & State		City & State			4. FEI Number 65-1236			<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Add ee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
DAVNE T	ODD 9	Name								
PAYNE, TODD S 4000 HOLLYWOOD BLVD #400-N ** HOLLYWOOD, FL 33021			Street Address (P.O. Box Number is Not Acceptable)							
			City				FL	Zip Cod	8	
the obligati	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	gistered office or	registere	d agent, or both	n, in the State of	Florida. I am fa	miliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatur	re required w	rhen minsteling)		DATE			
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	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	eign Financing		\$5.00 May Be Added to Fees	F	Make check lorida Departi			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental paper 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 on the receiver or trustee empowered to execute this report 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 other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

HOLLOWAY, CHRIS

2070 HONEWOOD BLVD

DELRAY BEACH, FL 33445

SUZANNAH HAMMER, POT