

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90286 040 ****61.25

DOCUMENT # N04000010697					
1. Entity Name TREASURE BOX PROJECT, INC					
Principal Place of Business P.O. BOX 6592 DELRAY BCH, FL 33482-6592			Mailing Address P.O. BOX 6592 DELRAY BCH, FL 33482-6592		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1236341	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAYNE, TODD S 4000 HOLLYWOOD BLVD #400-N HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HAMMER, SUZANNAH P.O. BOX 6592 DELRAY BCH, FL 334826592	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMENS, Sandra 442 STONE MONT DRIVE WESTON, FL 33324
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMMER, TIMOTHY 2746 CARNATION CT DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVNER, Robyn 290 FLAMINGO PT. N. JUPITER FL 33458
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYNN, KATHLEEN P.O. BOX 550985 DAVIE, FL 33335	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLON, Katy 808 NE 5 AVENUE POMPANO BEACH, FL 33060
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S MORTON, CAROLE 1501 S. OCEAN BLVD #P8 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARST, TERI 499 SE 10 ST #8E- 827 SE 11 AVE FORT LAUDERDALE FL 33316 DEERFIELD BCH FL 33441	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, CHRIS 2070 HONEWOOD BLVD DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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 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.					
SIGNATURE: <u>SUZANNAH HAMMER, PDT</u> <u>4/6/06</u> <u>561-265-1680</u>					