

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90550 012 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                    |                                                                      |                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000011670</b><br>1. Entity Name<br><b>PROJECT S.T.A.R. KIDS, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                    |                                                                      |                                                                                                                                                         |  |
| Principal Place of Business<br><b>5609 OAKRIDGE DR<br/>PALM HARBOR, FL 34685</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                    | Mailing Address<br><b>5609 OAKRIDGE DR<br/>PALM HARBOR, FL 34685</b> |                                                                                                                                                         |  |
| 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<br><b>55-0887150</b>                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                    |                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                    |                                                                      | 7. Name and Address of New Registered Agent                                                                                                             |  |
| <b>CRESCENTINI, ALFRED<br/>10 HARBOR OAKS CIR<br/>SAFETY HARBOR, FL 34695</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                    |                                                                      | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5609 Oakridge Dr.</b><br>City<br><b>Palm Harbor</b> <b>FL</b> Zip Code<br><b>34685</b> |  |
| 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: <u><i>Alfred Crescentini</i></u> <b>4/28/05</b><br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                    |                                                                      |                                                                                                                                                         |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                      | \$5.00 May Be<br>Added to Fees                                                                                                                          |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                    |                                                                      |                                                                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | President<br>Alfred Crescentini<br>5609 Oakridge Dr.<br>Palm Harbor, FL 34685 |                                                                                    | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                    | NAME                                                                 |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                    | STREET ADDRESS                                                       |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                    | CITY-ST-ZIP                                                          |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                               |                                                                                    | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                    | NAME                                                                 |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                    | STREET ADDRESS                                                       |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                    | CITY-ST-ZIP                                                          |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                               |                                                                                    | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                    | NAME                                                                 |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                    | STREET ADDRESS                                                       |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                    | CITY-ST-ZIP                                                          |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                               |                                                                                    | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                    | NAME                                                                 |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                    | STREET ADDRESS                                                       |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                    | CITY-ST-ZIP                                                          |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                               |                                                                                    | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                    | NAME                                                                 |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                    | STREET ADDRESS                                                       |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                    | CITY-ST-ZIP                                                          |                                                                                                                                                         |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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><i>Alfred Crescentini</i></u> <b>4/28/05</b> <b>727 492 6087</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                    |                                                                      |                                                                                                                                                         |  |

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