

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003713

FILED
Jan 05, 2008
Secretary of State

Entity Name: THE MASOMO PROJECT, INC.

Current Principal Place of Business:

31 WINGHAVEN LANE
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

31 WINGHAVEN LANE
FORT PIERCE, FL 34949

New Mailing Address:

FEI Number: 30-0395671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, PETER
31 WINGHAVEN LANE
FORT PIERCE, FL 34949 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: D () Delete
Name: BENNETT, NICOLA M
Address: 31 WINGHAVEN LANE
City-St-Zip: FORT PIERCE, FL 34949

Title: VSTD () Delete
Name: BENNETT, PETER
Address: 31 WINGHAVEN LANE
City-St-Zip: FORT PIERCE, FL 34949

Title: PD () Delete
Name: BENNETT, KRISTINA
Address: 31 WINGHAVEN LANE
City-St-Zip: FORT PIERCE, FL 34949

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PETER BENNETT

SEC

01/05/2008

Electronic Signature of Signing Officer or Director

Date