2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004473

1. Entity Name



FILED Apr 10, 2008 8:00 am Secretary of State

THE TRU	JTH PRO	JECT, INC.							04-10	-2006 3	90020 0	47 01	.23
Principal Place of Business %ALANTAYLOR 14784 COLNIRYLN CELPAY BEACH, FL 33484			Mailing Address %ALLANTAYLCR 14784 COLNITRYLN DELPAY BEACH, FL 33484					 			H 91014 01011 4000	1 (14)(4) 11 (57)	
2. Principal Place of Business - No P.O. Box #			3. Malling Address										
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				01042008	Chg-	NP	CR2	E037 (12/06	S)	
City & State			City & State					4. FEI Numb 59-382					Applied For Not Applicable
Zip	Country			Zip Cou			5. Certificate			Desired		\$8.75 Fee Requ	
	6. Name	and Address of Current	Registered .	Agent		Name		7. Name an	d Addres	s of New	Register	ed Agent	
TAYLOR,	ALLAN				ļ				<u> </u>			····	<u>,,, </u>
14784 COUNTRY LN DELRAY BEACH, FL 33484					Street Address			P.O. Box Numb	oer is Not	Acceptat	ole)		
						City					F	Zip C	ode
	named entiti tions of regist	y submits this statement for tered agent.	r the purpos	e of changing its r	egistere	d office or	registere	ed agent, or bo	oth, in the	State of F	Florida. I	am familiar wi	th, and accept
SIGNATURE .		to negated pages of continuous speed a	and Hills if applica	hin /NOTE:	Deciminand	Accept clonets	m marked	uman minatathan)			DAT		-
SIGNATURE .	Signature, typed	or printed name of registered agent s	and title if epplica					when reinstating)	no l		DAT		ı to
SIGNATURE .	Signature, typed	or printed name of registered agent a e is \$61.25 flay 1, 2008	and title if applica	9. Election Carn Trust Fund Co	oaign Fi	nancing		\$5.00 May Added to Fees	Be 3		Make ch	eck payable	
SIGNATURE .	Filing Fe	e is \$61.25		9. Election Cam	oaign Fi	nancing on. I		\$5.00 May	3	Flo	Make ch orida De	eck payable partment of	State IN 10
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4/7/08

^{12.} I hereby certify that the information supplied with this filling 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.