

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004473

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE TRUTH PROJECT, INC.

Current Principal Place of Business:

% ALLAN TAYLOR
14784 COUNTRY LN
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

% ALLAN TAYLOR
14784 COUNTRY LN
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 59-3822019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, ALLAN
14784 COUNTRY LN
DELRAY BEACH, FL 33484 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: TAYLOR, ALLAN
Address: 14784 COUNTRY LN
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: BUDD, MIKE
Address: 3621 NW 3RD AVE
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: ZWICKER, MARIE
Address: 3102 RED LN
City-St-Zip: LAKE WORTH, FL 33461

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: MIKE BUDD

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date