

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006485

FILED
Apr 27, 2006
Secretary of State

Entity Name: THE PAPER AIRPLANES PROJECT, INC.

Current Principal Place of Business:

119 30TH AVE. NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

119 30TH AVE. NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: HINES, BECKY PH.D.
Address: 30622 APAWAMIS DR.
City-St-Zip: SORRENTO, FL 327769080

Title: D (X) Delete
Name: MOODY, LISA
Address: 119 30TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D () Delete
Name: ASSIFF, MARY ANN
Address: 432 23 AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOODY, LISA
Address: 119 30TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HINES, BECKY PH.D.
Address: 30622 APAWAMIS DR.
City-St-Zip: SORRENTO, FL 327769080

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA MOODY

CEO

04/27/2006

Electronic Signature of Signing Officer or Director

Date