

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006824

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: THE PROJECT S.H.I.N.E. INC.

**Current Principal Place of Business:**

1252 DEERBOURNE DR.  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

3478 ST BART LANE  
301  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 77-0693334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNES, RODERICK T  
1252 DEERBOURNE DR.  
WESLEY CHAPEL, FL 33543      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: BELL, JOANN  
Address: 12412 WINDMILL COVE DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: D      ( ) Delete  
Name: HIGGS, ROBERT  
Address: 3809 BRYSTON DR.  
City-St-Zip: ORLANDO, FL 32022

Title: D      ( ) Delete  
Name: RIVERS, ANDREA  
Address: 10040 CYPRESS SHADOW AVE.  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: THOMAS, PHIL  
Address: 7242 SEED POD LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: O      ( ) Delete  
Name: WOOTEN, TACHONTA S  
Address: 3478 ST BART LANE #301  
City-St-Zip: TAMPA, FL 33614

**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:

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: TACHONTA WOOTEN

VP

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date