2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008813

FILED Feb 02, 2008 Secretary of State

Entity Name: PANZOU PROJECT, INC. **Current Principal Place of Business: New Principal Place of Business:** 1541 NE 167TH STREET NORTH MIAMI BEACH, FL 33162 US **Current Mailing Address: New Mailing Address:** 1541 NE 167TH STREET NORTH MIAMI BEACH, FL 33162 US FEI Number: 26-0865580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KALLUS, LAURA M KALLUS, LAURA M 1541 NE 167TH STREET 440 S. PARK RD NORTH MIAMI BEACH, FL 33162 US #210 HOLLYWOOD, FL 33021 US 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: 02/02/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition WERNER, RONALD Name: Name: Address: Address: 1541 NE 167TH STREET City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33162 US Title: Title: () Change (X) Addition () Delete Name: Name: BURKE, MARTA Address: Address: 1541 NE 167TH STREET City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33162 US Title: () Delete Title: () Change (X) Addition HERMANTIN, LEONIE Name: Name: Address: Address: 1541 NE 167TH STREET City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33162 US Title: () Delete Title: DT () Change (X) Addition LAWRENCE, FRANK Name: Name: Address: Address: **1541 NE 167TH STREET** City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: LAURA M KALLUS ED 02/02/2008