

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011800

Entity Name: PROJECT RESTORE, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

14661 HARRISON STREET  
MIAMI, FL 33176

## New Principal Place of Business:

## Current Mailing Address:

14661 HARRISON STREET  
MIAMI, FL 33176

## New Mailing Address:

P.O. BOX 165406  
MIAMI, FL 33116

FEI Number: 35-2310608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ROBISON, JULIE  
14661 HARRISON STREET  
MIAMI, FL 33176      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: COB      ( ) Delete  
Name: COBB, JUDY  
Address: 10653 SW 142ND LANE  
City-St-Zip: MIAMI, FL 33196

Title: VP      ( ) Delete  
Name: COLEMAN, LINETTE M  
Address: 14954 SW 168TH TERR  
City-St-Zip: MIAMI, FL 33187

Title: POC      ( ) Delete  
Name: ROBISON, JULIE  
Address: 14661 HARRISON STREET  
City-St-Zip: MIAMI, FL 33187

Title: T      ( ) Delete  
Name: POOLE, WILLIE MAE  
Address: 14661 HARRISON STREET  
City-St-Zip: MIAMI, FL 33176

Title: S      ( ) Delete  
Name: ARMSTRONG, QUEEN  
Address: 14440 TYLER STREET  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB      (X) Change ( ) Addition  
Name: COBB, JUDY  
Address: 10653 SW 142ND LANE  
City-St-Zip: MIAMI, FL 33176

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

Title: POC      (X) Change ( ) Addition  
Name: ROBISON, JULIE  
Address: 14661 HARRISON STREET  
City-St-Zip: MIAMI, FL 33176

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: JULIE ROBISON

POC

05/01/2009

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

\_\_\_\_\_  
Date