

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005926

FILED
Jan 07, 2010
Secretary of State

Entity Name: PROJECT AP INC.

Current Principal Place of Business:

7980 PLANTATION LAKES DRIVE
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

2301 VANDERBILT PLACE
PMB 352007
NASHVILLE, TN 37235 US

New Mailing Address:

FEI Number: 80-0431522 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHALASANI, MEGHANA
7980 PLANTATION LAKES DRIVE
PORT SAINT LUCIE, FL 34986 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: PRES
Name: CHALASANI, MEGHANA
Address: PMB 352007 2301 VANDERBILT PLACE
City-St-Zip: NASHVILLE, TN 37235 US

Title: D
Name: CHALASANI, PRASAD
Address: 7980 PLANTATION LAKES DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: D
Name: GOURINENI, HARSHA
Address: 3420 ADAMS RD.
City-St-Zip: OAK BROOK, IL 60523 US

Title: D
Name: MALEMPATI, KRISHNA M
Address: 19810 WELLINGTON MANOR BLVD
City-St-Zip: LUTZ, FL 33549 FL

Title: D
Name: ALLA, SREENIVASA
Address: 4300 SW OAKHAVEN LN
City-St-Zip: PALM CITY, FL 34990 US

Title: D
Name: CHALASANI, NAGA P
Address: 2485 N LEBANON ST
City-St-Zip: LEBANON, IN 46052 US

I hereby 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 all other like empowered.

SIGNATURE: MEGHANA CHALASANI

PRES

01/07/2010

Electronic Signature of Signing Officer or Director

Date