2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N10893

Entity Name: PROJECT RETURN, INC.

Current Principal Place of Business:

304 W WATERS AVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

304 W WATERS AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-2612753 **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:

MITCHELS, NATALIE
304 WEST WATERS AVE
TAMPA, FL 33604 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:	PD	( ) Delete
Name:	TOWNSEND, PAMELA	
Address:	402 FERN CLIFF AVE	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	D	( ) Delete
Name:	ADAMS, DEBORAH	
Address:	4940 WILLOW RIDGE TERRACE	
City-St-Zip:	VALRICO, FL 33594	
Title:	MD	( ) Delete
Name:	MITCHELS, NATALIE	
Address:	1304-B WEST WATERS AVE	
City-St-Zip:	TAMPA, FL 33604	
Title:	STD	( ) Delete
Name:	HUEY, PAUL	
Address:	14009 SHADY SHORES DR	
City-St-Zip:	TAMPA, FL 33613	
Title:	D	( ) Delete
Name:	HIGGINS, LAWRENCE MON.	
Address:	5225 N HINES AVE	
City-St-Zip:	TAMPA, FL 33614	
Title:	VD	( ) Delete
Name:	KURTZMAN, ROBIN	
Address:	8218 RIVER BOAT DRIVE	
City-St-Zip:	TAMPA, FL 33637	

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

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: NATALIE MITCHELS MD 05/01/2006

Electronic Signature of Signing Officer or Director — Date