2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2012
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)**

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: STD
Name: ADAMS, DEBORAH
Address: 4940 WILLOW RIDGE TERRACE
City-St-Zip: VALRICO, FL 33594

Title: MD
Name: MITCHELS, NATALIE
Address: 303 WEST WATERS AVE
City-St-Zip: TAMPA, FL 33604

Title: D
Name: PRESTON, MARIE
Address: 1057 S. CLEARVIEW AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D
Name: HIGGINS, LAWRENCE MON.
Address: 5225 N HIMES AVE
City-St-Zip: TAMPA, FL 33614

Title: PD
Name: KURTZMAN, ROBIN
Address: 8218 RIVER BOAT DRIVE
City-St-Zip: TAMPA, FL 33637

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: NATALIE MITCHELS MD 04/13/2012
Electronic Signature of Signing Officer or Director Date