

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000485

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** PROJECT PAIN RELIEF, INC.

**Current Principal Place of Business:**

4 OCEANSIDE CIRCLE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

4 OCEANSIDE CIRCLE  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEAR, HAROLD  
4 OCEANSIDE CIRCLE  
ST. AUGUSTINE, FL 32080 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: P, D  
Name: TRESCOTT, ANDREA P  
Address: 4 OCEANSIDE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DVPS  
Name: GEAR, HAROLD  
Address: 4 OCEANSIDE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D  
Name: GORGOR, SAYE Z  
Address: 4 OCEANSIDE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D  
Name: ASHLEY, TERESA  
Address: 4 OCEANSIDE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D  
Name: GIVENS, MAMIE  
Address: 4 OCEANSIDE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

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:** HAROLD GEAR

VP

04/10/2012

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

\_\_\_\_\_  
Date