

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004373

FILED  
Jan 14, 2012  
Secretary of State

**Entity Name:** PROJECT CAPES INC.

**Current Principal Place of Business:**

6619 CRESTMONT GLEN LANE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

7777 WEST MCDOWELL ROAD.#1071  
PHOENIX, AZ 85035

**New Mailing Address:**

6619 CRESTMONT GLEN LANE  
WINDERMERE, FL 34786

**FEI Number:** 90-0703010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHUBERT, GARY  
6619 CRESTMONT GLEN LANE  
WINDERMERE, FL 34786 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:** CEO  
**Name:** SCHUBERT, GARY  
**Address:** 6619 CRESTMONT GLEN LANE  
**City-St-Zip:** WINDERMERE, FL 34786

**Title:** CP  
**Name:** HUFF, GREG  
**Address:** 3200 OLD WINTER GARDEN RD #1426  
**City-St-Zip:** ORLANDO, FL 34761

**Title:** VPS  
**Name:** MITCHELL, RENEE  
**Address:** 22024 MEADOWVIEW PHILLY  
**City-St-Zip:** COUNCIL BLUFFS, IA 51503

**Title:** CFO  
**Name:** SCOTT, CHRISTOPHER  
**Address:** 14911 LAKE STREET  
**City-St-Zip:** OMAHA, NE 68116

**Title:** O  
**Name:** O'MALLEY, PAT  
**Address:** 254 NORTH 114TH STREET  
**City-St-Zip:** OMAHA, NE 68154

**Title:** D  
**Name:** MITCHELL, RENEE  
**Address:** 22024 MEADOWVIEW PKWY  
**City-St-Zip:** COUNCIL BLUFFS, IA 51503

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:** GREGORY HUFF

P

01/14/2012

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

\_\_\_\_\_  
Date