

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90095 003 \*\*\*\*70.00

<b>DOCUMENT # N36919</b> 1. Entity Name <b>PROJECT RESPONSE, INC.</b>					
Principal Place of Business <b>745 S APOLLO BLVD MELBOURNE, FL 32901 US</b>			Mailing Address <b>745 S. APOLLO BLVD MELBOURNE, FL 32901 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04042008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-3036563</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KALAF, LISA 8060 SPYGLASS HILL RD VIERA, FL 32940</b>				7. Name and Address of New Registered Agent Name <b>John Jaques</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 NW Peacock Blvd.</b> City <b>Fort St. Lucie</b> <b>FL</b> Zip Code <b>34986</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>4/16/08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>X D</b> NAME <b>KALAF, LISA</b> STREET ADDRESS <b>8060 SPYGLASS HILL RD</b> CITY-ST-ZIP <b>VIERA, FL 32940</b>	<input type="checkbox"/> Delete		TITLE <b>T</b> NAME <b>Richard Rummel</b> STREET ADDRESS <b>150 W. University Avenue</b> CITY-ST-ZIP <b>Melbourne, FL 32901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>DISALVIO, HARRY</b> STREET ADDRESS <b>641 BRADDOCK ST</b> CITY-ST-ZIP <b>SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete		TITLE <b>V</b> NAME <b>Brenda Jacobs</b> STREET ADDRESS <b>4701 Oleander Avenue</b> CITY-ST-ZIP <b>Fort Pierce, FL 34982</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>X P</b> NAME <b>JAQUES, JOHN</b> STREET ADDRESS <b>300 NW PEACOCK BLVD</b> CITY-ST-ZIP <b>SATELLITE BEACH, FL 32937</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>John Jaques</b> STREET ADDRESS <b>300 NW Peacock Blvd.</b> CITY-ST-ZIP <b>Fort St. Lucie, FL 34986</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>X D</b> NAME <b>HUTNER, DURGA DAS</b> STREET ADDRESS <b>11155 ROSELAND RD. UNIT 10</b> CITY-ST-ZIP <b>SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete		TITLE <b>S</b> NAME <b>Laurie Welton</b> STREET ADDRESS <b>116 Queen Christina Ct.</b> CITY-ST-ZIP <b>Fort Pierce, FL 34949</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>LEATH, MARK</b> STREET ADDRESS <b>1727 OKEECHOBEE RD</b> CITY-ST-ZIP <b>FORT PIERCE, FL 34950</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Ruby Smith</b> STREET ADDRESS <b>4002 Avenue K</b> CITY-ST-ZIP <b>Fort Pierce, FL 34947</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>KUTNER, DEBBI</b> STREET ADDRESS <b>360 MAPLE DR</b> CITY-ST-ZIP <b>SATELLITE BEACH, FL 32937</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  DATE <b>4/16/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					