2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003313

FILED Jan 29, 2007 Secretary of State

Entity Name: UKRAINIAN PROJECT FUND, INC.

Current Principal Place of Business: New Principal Place of Business: 1223 RIDGEGREEN LOOP N LAKELAND, FL 338090870 US **Current Mailing Address: New Mailing Address:** P.O. BOX 691542 ORLANDO, FL 32869 US FEI Number: 59-3194849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOEQUIST, CHARLES E 3191 MAGUIRE BLVD. SUITE 167 ORLANDO, FL 32803 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARPER, JASON K Name: Name: 1223 RIDGEGREEN LOOP N Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: DMYTRIJUK, WALT Name: Address: 47 ROMAN LN Address: City-St-Zip: BUFFALO, NY 14226 City-St-Zip: Title: () Delete Title: () Change () Addition HAJDUCZOK, GEORGE DR. Name: Name: 126 SHERMAN HALL, UNIVERSITY AT BUFFALO Address: Address: City-St-Zip: BUFFALO, NY 14214 City-St-Zip: Title: TM () Delete Title: () Change () Addition Name: WARREN, NATALIA Name: 5836 PETUNIA Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: Title: () Delete Title: () Change () Addition TORCHINE, OLEH Name: Name: 28648 RYAN RD. Address: Address: City-St-Zip: WARREN, MI 48092 City-St-Zip: Title: () Delete Title: () Change () Addition MCKAY, YURKO Name: Name: Address: 5160 GLASGOW AVE. Address: ORLANDO, FL 32819 City-St-Zip: 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: JASON K HARPER P 01/29/2007