2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400005207

Entity Name: PROJECT ACTION FOUNDATION, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8994 SEMINOLE BLVD.				8994 SEMINOLE BLVD.		
#7					E, FL 33772	
SEMINOLE	E, FL 34642					
Current Mailing Address:				New Mailing Address:		
P.O. BOX 3420 SEMINOLE, FL 34645				P.O. BOX 3420 SEMINOLE, FL 33775 34		34
FEI Number:	: 59-3276734	FEI Number Applied For()	FEI Nur	nber Not Appl	licable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:		Name and	Address of N	lew Registered Agent:
GRADEN, JIM 8994 SEMINOLE BLVD. SUITE 7 SEMINOLE, FL 34642 US				GRADEN, JIM 8994 SEMINOLE BLVD. SEMINOLE, FL 33772 US		
	e named entity e of Florida.	submits this statement for the	purpose o	of changing i	ts registered o	office or registered agent, or both,
SIGNATURE:				04/25/2006		
	Electro	nic Signature of Registered Ac	gent			Date
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D (GRADEN, JIW 9112 SEMINO SEMINOLE, F	LE BLVD.		Title: Name: Address: City-St-Zip:	D (X GRADEN, JIM 9112 SEMINOL SEMINOLE, FL	
Title: Name: Address: City-St-Zip:	D (WALKER, KE 13440 BELLE SEMINOLE, F	WOOD AVE		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	SHOOK, KIME	Y CLUB DR. #218		Title: Name: Address: City-St-Zip:	D (X MCBRIDE, BEN 2610 MARY SU LARGO, FL 33	JE STREET
Title: Name: Address: City-St-Zip:	D (GRADEN, SU: 2249 14TH A\ LARGO, FL 3	E. S.W.		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	KILMER, JEA 4212 POINSE			Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	D (OPPENHEIM, 5629 HILLSID SEMINOLE, F	E ST N		Title: Name: Address: City-St-Zip:	CASTILLO, MA	REST BLVD. S.

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: KEVIN J. WALKER D 04/25/2006