

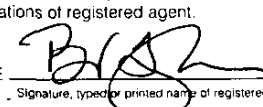
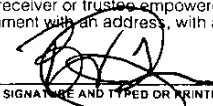


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000005623						FILED 07 SEP 19 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name PROJECT CHALLENGE OF THE WEST COAST, INCORPORATED							
Principal Place of Business 5172 VILLAGE LAKE DR SARASOTA, FL 34235 US		Mailing Address P.O. BOX 1132 SARASOTA, FL 34230 US					
2. Principal Place of Business - No P.O. Box # 947 40th St		3. Mailing Address Suite, Apt. #, etc.					
City & State Sarasota FL		City & State		4. FEI Number 65-0535451		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 342		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HODGES, PAULINE 5172 VILLAGE LAKE DR. SARASOTA, FL 34235				7. Name and Address of New Registered Agent Name: Bettina Tyler Street Address (P.O. Box Number is Not Acceptable): 947 40th St City: Sarasota FL Zip Code: 34234			
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: 8/10/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME HODGES, PAULINE STREET ADDRESS 5172 VILLAGE LAKE DR. CITY-ST-ZIP SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete			TITLE D NAME Bettina Tyler STREET ADDRESS 947 40th St CITY-ST-ZIP Sarasota, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME WEBBER, TOM STREET ADDRESS 4933 RUTLAND GATE CITY-ST-ZIP SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete			TITLE D/V NAME James E McCloud STREET ADDRESS 2223 N. Washington Blvd CITY-ST-ZIP Sarasota, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME MCKINNON, CAROLYN STREET ADDRESS 403 N. WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete			200110232622 10/03/07--01032--009 **70.00			
TITLE D NAME HENDON, DR MARVIN STREET ADDRESS 10519 CHEVAL PL CITY-ST-ZIP BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE V NAME DANIELS, FLORINE STREET ADDRESS 310 N BRINK AVE CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/> Delete			TITLE T/D NAME Florine Daniels STREET ADDRESS 310 N. Brink Ave CITY-ST-ZIP Sarasota, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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: 8/10/07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>			