

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2006
Secretary of State**

DOCUMENT# N95000001172

Entity Name: PROJECT IMPACT OF SOUTH DADE, INC.

Current Principal Place of Business:

1238 N.W. 9TH AVENUE
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

1238 N.W. 9TH AVENUE
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 65-0575160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, LEON
100 NE 15TH ST #204
HOMESTEAD, FL 33030 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: PD () Delete
Name: HARRIS, RON L
Address: 18885 SW 296 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: LUSTON, CHRISTINE
Address: 735 NW 9TH AVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD () Delete
Name: ADDERLY, CHERRIE
Address: 15001 S.W. 296 ST
City-St-Zip: LEISURE CITY, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RON HARRIS

PD

01/24/2006

Electronic Signature of Signing Officer or Director

Date