2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# N96000001071

Entity Name: PROJECT Y.E.S., INC.

Current Principal Place of Business:

5275 SUNSET DRIVE
MIAMI, FL 331435919

New Principal Place of Business:

Current Mailing Address:

5275 SUNSET DRIVE
MIAMI, FL 331435919

New Mailing Address:

FEI Number: 65-0646667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUGATE, MARTHA
6750 S.W. 59TH STREET
MIAMI, FL 33143 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: D.S ( ) Delete
Name: ALLEN, NANCY
Address: 6770 S.W. 59TH STREET
City-St-Zip: MIAMI, FL 33143

Title: DT ( ) Delete
Name: OLDAKOWSKI, ROBERT
Address: 5275 SUNSET DR
City-St-Zip: MIAMI, FL 33143

Title: DC ( ) Delete
Name: DUGAN, TIM
Address: 5275 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

Title: DVC ( ) Delete
Name: BLACK, PAULA
Address: 3006 AVIATION AVE #3A
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DC (X) Change ( ) Addition
Name: BIRRITTELLA, TIM
Address: 5275 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

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 Section 119.07(3)(i), 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: TIM BIRRITTELLA DC 01/14/2005

Electronic Signature of Signing Officer or Director — Date