

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002804

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE PERFORMANCE PROJECT, INC.

Current Principal Place of Business:

8745 SW 57TH ST.
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

8745 SW 57TH ST.
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 65-0670093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELICE, NINA
8745 SW 57TH ST.
COOPER CITY, FL 33328 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 () Delete
Name: BARSON, ROBIN
Address: 10180 SW 139TH CT.
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: FELICE, NINA
Address: 8050 CLEARY BLVD. #508
City-St-Zip: PLANTATION, FL 33325

Title: D () Delete
Name: HEMMER, PAM
Address: 11700 NW 14TH ST.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: QUERIMIT, FELIPE
Address: 3312 FRANKLIN LANE
City-St-Zip: ROCKAWAY, NJ 07866

Title: D () Delete
Name: LACEY, BOB
Address: 9520 SW 6TH ST.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: SABATINO, MICHAEL
Address: 1315 NW 167TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

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:

Title: () Change () Addition
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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 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: NINA FELICE

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date