## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002650

FILED May 01, 2007 Secretary of State

| Entity Name: MIDDLETOWNE PROJECT, INC.  Current Principal Place of Business:  1809 DEBARRY AVENUE ORANGE PARK, FL 32073  Current Mailing Address:  300 N.W. 12TH AVENUE MIAMI, FL 33128  FEI Number: 31-1599917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  MARTORANO, SALVATORE 300 NW 12TH AVE MIAMI, FL 33128 US  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:  AGUSTIN DOMINGUEZ  AGUSTIN DOMINGUEZ  Electronic Signature of Registered Agent  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: V () Delete Name: Name: Name: ROVIN, TY  |              |  |                                      | 000.000.                             |  |
|--|--------------|--|--------------------------------------|--------------------------------------|--|
| Current Principal Place of Business:  1809 DEBARRY AVENUE ORANGE PARK, FL 32073  Current Mailing Address:  New Mailing Address:  OEtrificate of Status Desired ( )  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  MARTORANO, SALVATORE 300 NW 12TH AVE MIAMI, FL 33128 US  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: AGUSTIN DOMINGUEZ  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  Title: V ( ) Delete Name: Name: V ( ) Delete Name: Name | Entity Na    | me: MIDDLETOWNE PROJECT INC            |                                      |                                      |  |
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| Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: V ( ) Delete  | in the State | e or Florida.                          |                                      |                                      |  |
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| Title:         V         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         ROVIN, TY         Name:           Address:         300 N.W. 12TH AVENUE         Address:           City-St-Zip:         MIAMI, FL 33128         City-St-Zip:           Title:         P         ( ) Delete           Name:         SIBLEY, RUSSELL         Name:  |              | Electronic Signature of Registered Age | nt                                   | Date                                 |  |
| Title:         V         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         ROVIN, TY         Name:           Address:         300 N.W. 12TH AVENUE         Address:           City-St-Zip:         MIAMI, FL 33128         City-St-Zip:           Title:         P         ( ) Delete           Name:         SIBLEY, RUSSELL         Name:  | OFFICER      | S AND DIRECTORS:                       | ADDITIONS/CHANGES                    | TO OFFICERS AND DIRECTORS:           |  |
| Name:         ROVIN, TY         Name:           Address:         300 N.W. 12TH AVENUE         Address:           City-St-Zip:         MIAMI, FL 33128         City-St-Zip:           Title:         P () Delete         Title: () Change () Addition           Name:         SIBLEY, RUSSELL         Name:   |              |  |                                      |                                      |  |
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| City-St-Zip: MIAMI, FL 33128 City-St-Zip:  Title: P () Delete Title: () Change () Addition Name: Name:   |              |  |                                      |                                      |  |
| Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: SIBLEY, RUSSELL Name:   |              |  |                                      |                                      |  |
| Name: SIBLEY, RUSSELL Name:  | Oity Ot Zip. | 1911/ 11911, 1 E 33 1 2 3              | Oily of Zip.                         |                                      |  |
| · · · · · · · · · · · · · · · · · · ·  | Title:       | P ( ) Delete                           | Title: (                             | ) Change ( ) Addition                |  |
| Address: 200 NM 12TH AVE   | Name:        | SIBLEY, RUSSELL                        | Name:                                |                                      |  |
| Address: Address:  | Address:     | 300 NW 12TH AVE                        | Address:                             |                                      |  |
| City-St-Zip: MIAMI, FL 33128 City-St-Zip:  | City-St-Zip: | MIAMI, FL 33128                        | City-St-Zip:                         |                                      |  |
| Title: S () Delete Title: () Change () Addition  | Title:       | S () Delete                            | Title: (                             | ) Change ( ) Addition                |  |
| Name: RODRIGUEZ, KATHY Name:   |              |  | *                                    | ,                                    |  |
| Address: 300 N.W. 12TH AVENUE Address:   | Address:     |  | Address:                             |                                      |  |
| O'L OLT' MANUEL COMO   | City-St-Zip: | MIAMI, FL 33128                        | City-St-Zip:                         |                                      |  |
| City-St-Zip: MIAMI, FL 33128 City-St-Zip:  | Title:       | V () Delete                            | Title: (                             | ) Change ( ) Addition                |  |
| City-St-Zip: MIAMI, FL 33128 City-St-Zip:  | Title:       | V () Delete                            | Title: (                             | ) Change ( ) Addition                |  |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: AGUSTIN DOMINGUEZ 05/01/2007 RΑ

REVALES, RON

MIAMI, FL 33128

300 N.W. 12TH AVENUE

Name:

Address:

City-St-Zip: