


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90002 019 \*\*\*\*66.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000003348</b>					
1. Corporation Name <b>PROJECT CLARITY INC.</b>					
Principal Place of Business PO BOX 921 PORT RICHEY FL 34673-0921			Mailing Address PO BOX 921 PORT RICHEY FL 34673-0921		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		EIN 59-3527641	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input checked="" type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAMIANAKIS, NIKITAS 8629 SPANISH MOSS DR PORT RICHEY FL 34668				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENIS Parks			1.2 NAME	MILLIO Jeanette		
STREET ADDRESS	12132 Windriver Lane Apt B			1.3 STREET ADDRESS	12818 Balsam Qu.		
CITY-ST-ZIP	HUDSON FL 34667			1.4 CITY-ST-ZIP	HUDSON FL 34667		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	DENIS Parks		
STREET ADDRESS				2.3 STREET ADDRESS	12132 Windriver Lane Apt. 13		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	HUDSON FL 34667		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	DAWN sellitto		
STREET ADDRESS				3.3 STREET ADDRESS	10320 Flagship Qu.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Port Richey FL 34668		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME	NIKITAS Damianakis		
STREET ADDRESS				4.3 STREET ADDRESS	8629 Spanish Moss Dr.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Port Richey FL 34668		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

Date

727 8480638

Daytime Phone #

CR2E037 (1/98)