2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000119700

1. Entity Name
O.R. PROJECT PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
7859 ROCKFORD ROAD BOYNTON BEACH, FL 33437	7859 ROCKFORD ROAD BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0549696	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, MARY P RN
7859 ROCKFORD RD
BOYNTON BEACH, FL 33437

⌐DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE, Registered Agent signature required when reinstating)

DATE 4/18/06

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOYLE, MARY P RN
STREET ADDRESS	7859 ROCKFORD ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	VSTD
NAME	FISS, SALLY A RN
STREET ADDRESS	7859 ROCKFORD ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	
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05/02/06-80032-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 4/18/06   561-364-2066
Daytime Phone #