


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000119700
 1. Entity Name
 O.R. PROJECT PROFESSIONALS, INC.



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

Mailing Address
 7859 ROCKFORD ROAD
 BOYNTON BEACH, FL 33437



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 01-0549696 Applied For
 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

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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: *Sally A. Fiss* (error) *AF* DATE: *4/18/06*

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

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 | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Sally A. Fiss* DATE: *4/18/06* Daytime Phone #: *904-364-2066*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR