


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90034 044 ***150.00

DOCUMENT # P02000079556 1. Entity Name PRAWD PROJECTS INC			
Principal Place of Business 4971 HAVERHILL COMM CIR WEST PALM BEACH, FL 33415		Mailing Address 4971 HAVERHILL COMM CIR WEST PALM BEACH, FL 33415	
2. Principal Place of Business 504 5th Way 22 Suite, Apt. #, etc.		3. Mailing Address 504 5th Way 22 Suite, Apt. #, etc.	
City & State W. Palm Beach FL		City & State W. Palm Beach FL	
Zip 33415		Zip 33415	
Country		Country	
4. FEI Number 61-1419887		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIESLING, ROBERT 4793 W. CONGRESS AVE #206 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Jeffery Prawd Street Address (P.O. Box Number is Not Acceptable) 504 5th Way W. Palm Beach FL	
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.		Zip Code FL	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 3/8/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRAWD, JEFFERY W 504 5TH WAY WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date: 3/8/04 Daytime Phone: #			