

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90062 021 \*\*\*150.00

40009230



01252005 Chg-P CR2E034 (10/03)

4. FEI Number 37-1455308 Applied For Not Applicable

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

DOCUMENT # P02000123229

1. Entity Name  
PROJECT STRATEGIES CORPORATION



Principal Place of Business  
245 N OCEAN BLVD #304  
DEERFIELD BEACH, FL 33441

Mailing Address  
245 N OCEAN BLVD #304  
DEERFIELD BEACH, FL 33441

2. Principal Place of Business  
2400 WHISPERING OAKS LANE  
Suite, Apt. #, etc.

3. Mailing Address  
109 N. BRIDGE STREET  
Suite, Apt. #, etc.  
ADMINISTRATIVE OFFICE

City & State  
DELRAY BEACH, FL  
Zip 33483 Country PALM BEACH

City & State  
ELKTON, MD  
Zip 21921 Country CECIL

6. Name and Address of Current Registered Agent

ZISKIND, STEPHEN A  
245 N OCEAN BLVD #304  
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name STEPHEN A. ZISKIND  
Street Address (P.O. Box Number is Not Acceptable)  
2400 WHISPERING OAKS LANE  
City DELRAY BEACH FL Zip Code 33483

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 & printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ZISKIND, STEPHEN A  
STREET ADDRESS 245 N OCEAN BLVD #304  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME STEPHEN A. ZISKIND  
STREET ADDRESS 2400 WHISPERING OAKS LANE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #