2007 FOR PROFIT CORPORATION

Feb 20, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P02000123229** 02-20-2007 90039 039 ***150.00 PROJECT STRATEGIES CORPORATION Principal Place of Business Mailing Address 40020886 2400 WHIPERING OAKS LANE 109 N. BRIDGE STREET DELRAY BEACH, FL 33483 ELKTON, MD 21921 No Chg-P 02132007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 37-1455308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ZISKIND, STEPHEN A DO NOT WRITE 2400 WHISPERING OAKS LANE DELRAY BEACH, FL 33483 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 Fiorida. 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ZISKIND, STEPHEN A NAME STREET ADDRESS 2400 WHISPERING OAKS LANE CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED