


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State

01-11-2008 90036 027 ***150.00

DOCUMENT # P03000023353 1. Entity Name NEXT PROJECT, INC.	
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Principal Place of Business 12653 S.W. COUNTY ROAD 769 SUITE A LAKE SUZY, FL 34269	Mailing Address 12653 S.W. COUNTY ROAD 769 SUITE A LAKE SUZY, FL 34269
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66000758



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1873787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GANT, STEVEN D 12653 S.W. COUNTY ROAD 769 SUITE A LAKE SUZY, FL 34269

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GANT, STEVEN D 23220 HARTLEY AVENUE PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GANT, GREGORY DONALD 8114 S.W. BARNWELL STREET ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCANDLESS, DONALD R JR. 24257 HARBORVIEW ROAD PUNTA GORDA, FL 33980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  2/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #