


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000064275
 1. Entity Name
 PROJECT-MASTERS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
 549 HICKORY DRIVE 549 HICKORY DRIVE
 GREEN COVE SPRINGS, FL 32043-8776 GREEN COVE SPRINGS, FL 32043-8776

DO NOT WRITE IN THIS SPACE



05022004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3692379	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 ZANG, DAVID A
 549 HICKORY DRIVE
 GREEN COVESPRINGS, FL 32043-8776

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 _____ DATE _____
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice
 05/05/04-80072-014 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZANG, DAVID A 549 HICKORY DRIVE GREEN COVE SPRINGS, FL 320438776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZANG, JOAN 549 HICKORY DRIVE GREEN COVE SPRINGS, FL 320438776
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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 another fee empowered.

SIGNATURE: David A Zang Date: 4/30/2004 Daytime Phone #: 904 529-9376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR