

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

6

FILED

06 JUL -7 PM 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66021249

DOCUMENT # P05000017369			
1. Entity Name PROJECT AND PROGRAM MANAGEMENT SOLUTIONS INTL., INC.			
Principal Place of Business 4298 RIVER BIRCH DRIVE SPRING HILL, FL 34607		Mailing Address 4298 RIVER BIRCH DRIVE SPRING HILL, FL 34607	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20: 2275409		Applied For ☐ Additional Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name NRAI Services, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Suite 4 City Weston FL Zip Code 33331	
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 based on printed name of registered agent and not of applicable (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	VP, T GAUL, SCOTT S 4298 RIVER BIRCH DRIVE SPRING HILL, FL 34607 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORRIS, MATTHEW J 1078 GRAND OAKS WAY ROCKVILLE, MD 20852 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Matthew Morris, President 5/29/06 301-212-0761	