

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90413 040 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

4/31

<b>DOCUMENT # P06000100728</b> 1. Entity Name PROJECTION DISCOUNT, INC.					
Principal Place of Business (2401) <b>2401 WINDJAMMER WAY</b> WEST PALM BEACH, FL 33411		Mailing Address <b>2401 WINDJAMMER WAY 2401 WINDJAMMER</b> WEST PALM BEACH, FL 33411			
2. Principal Place of Business - No P.O. Box # <b>2401 WINDJAMMER WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>2401 WINDJAMMER WAY</b> Suite, Apt. #, etc.			
City & State _____		City & State _____			
Zip _____	Country _____	Zip _____	Country _____	4. FEI Number <b>20-529 1674</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BLOCK, MARCUS</b> <b>2401 WINDJAMMER WAY</b> <b>WEST PALM BEACH, FL 33411</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BLOCK, MARCUS</b> <b>2401 WINDJAMMER WAY</b> <b>WEST PALM BEACH, FL 33411</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2401 WINDJAMMER WAY</b> <b>WEST PALM BEACH, FL 33411</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>MARCUS T. BLOCK</u> <b>PRESIDENT</b> <u>4/24/07</u> <u>561-434-0600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66017215



02172007 Chg-P CR2E034 (12/06)