

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P29802

1. Entity Name
PROJECT DEVELOPMENT GROUP, INC.



Principal Place of Business
**1386 BEULAH RD
1
PITTSBURGH, PA 15235**

Mailing Address
**1386 BEULAH RD
PITTSBURGH, PA 15235**



05082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1466621

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REGAN, JOHN C.
1386 BEULAH RD, BLDG#801
PITTSBURGH, PA 15235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CHIAFULLO, JAMES
1386 BEULAH RD, BLDG #801
PITTSBURGH, PA 15235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BERESFORD, DAVID P
1386 BEULAH RD BLDG 801
PITTSBURGH, PA 15235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHIAFULLO, JAMES
1386 BEULAH RD, BLDG #801
PITTSBURGH, PA 15235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000564829
05/20/06-80093-007 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

5/9/06 (412) 243-3200