2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 25, 2008 08:00 AM **Secretary of State** DOCUMENT # P94000018001 PRO-JECT INTERNATIONAL, INC. Principal Place of Business Mailing Address 320 W. KENNEDY BLVD. 320 W. KENNEDY BLVD. SUITE 200 SUITE 200 TAMPA, FL 33606 US TAMPA, FL 33606 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3249405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULLER, ERIC E DO NOT WRITE 320 W. KENNEDY BLVD SUITE 200 IN THIS SPACE TAMPA, FL 33607-5415 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MULLER, ERIC E 320 W, KENNEDY BLVD. # 200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE U00000839986 NAME 03/06/08-80030-012 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 all other than the propagated.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED