

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # P94000082387

1. Entity Name
PREVENTION PROJECTS, INC.



Principal Place of Business

**13743 U.S. 98 BYPASS
DADE CITY, FL 33525**

Mailing Address

**13743 U.S. 98 BYPASS
DADE CITY, FL 33525**



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0534619

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DRISCOLL, MARTIN I
12116 52ND STREET
TEMPLE TERRACE, FL 33617**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000718976
05/01/07-80044-012 158.75**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DRISCOLL, MARTIN I**
STREET ADDRESS **12116 52ND ST. N.**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE
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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: *Martin I. Driscoll, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/07
Date

(352) 523-0024
Daytime Phone #