

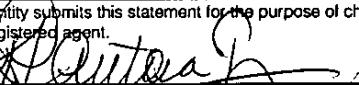
**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000051333		
1. Entity Name PROJECT DEVELOPMENT PROFESSIONALS, INC.		

Principal Place of Business 2199 PONCE DE LEON BLVD SUITE 200 CORAL GABLE, FL 33134	Mailing Address 2199 PONCE DE LEON BLVD SUITE 200 CORAL GABLE, FL 33134
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2. Principal Place of Business 150 Alhambra Circle	3. Mailing Address 150 Alhambra Circle		
Suite, Apt. #, etc. Suite # 925	Suite, Apt. #, etc. Suite # 925		
City & State Coral Gables, FL	City & State Coral Gables, FL		
Zip 33134	Country US	Zip 33134	Country US

6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 	AMADA CANTERA LOPEZ, President (NOTE: Registered Agent signature required when reinstating)
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FILED

05 MAY -2 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

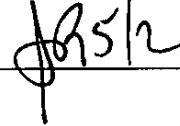
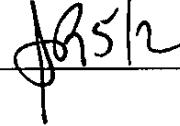
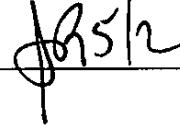
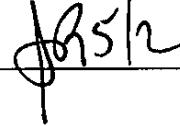


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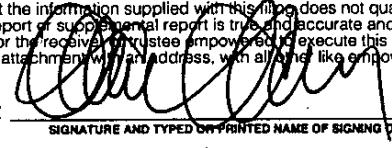
4. FEI Number 65-0739929	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete LOPEZ-CANTERA, MARTA L 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLE, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete LOPEZ-CANTERA, CARLOS C 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLE, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134 <input checked="" 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	3000054034793 05/09/05--01008--006 **150.00 <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 report does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
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4/27/05 305-461-0563
Date Daytime Phone #

CARLOS C. LOPEZ CANTERA, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR