


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90241 044 ***150.00

DOCUMENT # P96000099471	
1. Entity Name PROJECT MOTIVATIONAL MATH, INC.	

Principal Place of Business 535A SILVER SLIPPER LANE TALLAHASSEE, FL 32303	Mailing Address P.O BOX 180595 TALLAHASSEE, FL 32318-0595
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20044157



2. Principal Place of Business 2727 Lake Munson St Suite, Apt. #, etc.	3. Mailing Address 2727 Lake Munson St Suite, Apt. #, etc.
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03252005 Chg-P CR2E034 (10/03)

City & State Tallahassee, Florida	City & State Tallahassee, Florida
Zip 32310	Country USA
Zip 32310	Country USA

4. FEI Number 65-0713529	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, WILLIE L SR 535A SILVER SLIPPER LANE TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Linda G. Paramore Street Address (P.O. Box Number is Not Acceptable) 2727 Lake Munson Street City Tallahassee FL Zip Code 32310
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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 Linda G. Paramore DATE 4/14/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD WALKER, WILLIE L SR. 535A SILVER SLIPPER LANE TALLAHASSEE, FL 32303 <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
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12. I hereby certify that the information supplied with this filing 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 it 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: Willie Walker / Willie Walker DATE 4/14/05 DAYTIME PHONE # 850-575-5605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR