

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000107288



1. Entity Name
PRJ OF TAMPA, INC.

Principal Place of Business
50 COE ROAD #123
CLEARWATER, FL 33756

Mailing Address

50 COE ROAD #123
CLEARWATER, FL 33756

2. Principal Place of Business

305 SUNNY LANE

Suite, Apt. #, etc.

3. Mailing Address

305 SUNNY LANE

Suite, Apt. #, etc.

City & State

BELLEAIR FL.

City & State

BELLEAIR FL

Zip

33756

Country

USA

Zip

33756

Country

USA

07072006 Chg-P CR2E034 (11/05)

40098572



4. FEI Number
59-3576011

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANEY, RICHARD H ESQ.
101 EAST KENNEDY BOULEVARD
SUITE 3170
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

P. Johnson (PAMELA ROSS-JOHNSON)

7/6/06

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
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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME ROSS-JOHNSON, PAMELA
STREET ADDRESS 50 COE ROAD #123
CITY-ST-ZIP CLEARWATER, FL 33756

Delete

TITLE V
NAME JOHNSON, RONALD
STREET ADDRESS 50 COE ROAD #123
CITY-ST-ZIP CLEARWATER, FL 33756

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

DIRECTOR
IAN ROSS-JOHNSON
302 EASTLEIGH DR
BELLEAIR FL 33756

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

P. Johnson (PAMELA ROSS-JOHNSON PST) 7/6/06 7274181940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #