2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P99000076855 1. Entity Name EPROJECT.NET, INC. Principal Place of Business Mailing Address 5711 RICHARD ST STE 1 3730 HARBOR ACRES LANE JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32257 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3596944 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent VENTERS, DAVID G DO NOT WRITE 4436 HOLLYGATE CT. JACKSONVILLE, FL 32258 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. SIGNATU re, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VENTERS, DAVID G NAME STREET ADDRESS 4436 HOLLYGATE CT. CITY-ST-ZIP JACKSONVILLE, FL 32258 000000340970 04/28/05-80138-003 150.00 D TITLE NAME GRINNAN, J. ALLAN JR. 5711 RICHARD ST., STE. 1A-2 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE D NAME KREINEST, DAVID E STREET ADDRESS 801 LIGHTWOOD CT. DO NOT WRITE CITY-ST-ZIP ORANGE PARK, FL 32065 IN THIS SPACE TITLE VENTERS, TERRILL L NAME STREET ADDRESS 4436 HOLLYGATE CT JACKSONVILLE, FL 32258 CUTY-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 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 attachingent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

FILED