

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# F02000002336

Entity Name: FOUNDATIONS, INC.

Current Principal Place of Business:

2 EXECUTIVE DR., STE. 1
MOORESTOWN, NJ 08057

New Principal Place of Business:

Current Mailing Address:

2 EXECUTIVE DR., STE. 1
MOORESTOWN, NJ 08057

New Mailing Address:

FEI Number: 52-1801849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, LUDWINA
5061 NORTH A1A
BLDG A 304
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: LAUER, RHONDA H
Address: 126 RUE DU BOIS
City-St-Zip: CHERRY HILL, NJ 08003

Title: P () Delete
Name: SCHWARTZ, ROBERT R
Address: 821 EAST GATE DR.
City-St-Zip: MT LAUREL, NY 08054

Title: ED () Delete
Name: ESBRANDT, PHILIP
Address: 21 COLLEGE LANE
City-St-Zip: CHERRY HILL, NJ 08003

Title: D () Delete
Name: GOTLIEB, LINDA
Address: 944 CHANTICLEER DR.
City-St-Zip: CHERRY HILL, NJ 08003

Title: D () Delete
Name: HENDERSON, JOHN
Address: 450 DOROTHY DR.
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: CEO () Delete
Name: LAUER, RHONDA
Address: 126 RUE DU BOIS
City-St-Zip: CHERRY HILL, NJ 08003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: SPECTOR, MARK
Address: 10 LANGCLIFFE COURT
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: ED (X) Change () Addition
Name: WEISBURD, CLAUDIA
Address: 25 FTH STREET
City-St-Zip: FRENCHTOWN, NJ 08825

Title: ED (X) Change () Addition
Name: HENDERSON, JOHN
Address: 450 DOROTHY DR.
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA H. LAUER

CEO

07/10/2006

Electronic Signature of Signing Officer or Director

_____ Date