


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90055 025 \*\*\*\*61.25

DOCUMENT # F02000002336					
1. Entity Name FOUNDATIONS, INC.					
Principal Place of Business 2 EXECUTIVE DR., STE. 1 MOORESTOWN, NJ 08057		Mailing Address 2 EXECUTIVE DR., STE. 1 MOORESTOWN, NJ 08057			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1801849	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
SMITH, LUDWINA 5061 NORTH A1A BLDG A 304 FORT PIERCE, FL 34949		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 <u>Ludwina M. Smith</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>03/06/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUER, RHONDA H		NAME	Auerbach, Carol	
STREET ADDRESS	126 RUE DU BOIS		STREET ADDRESS	930 Park Avenue	
CITY-ST-ZIP	CHERRY HILL, NJ 08003		CITY-ST-ZIP	New York, NY 10028	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ROBERT R		NAME	Edward Glickman	
STREET ADDRESS	821 EAST GATE DR.		STREET ADDRESS	623 Greythorne Road	
CITY-ST-ZIP	MT LAUREL, NY 08054		CITY-ST-ZIP	Wynnewood, PA 19096	
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, MARK		NAME	Bernard Schwartz	
STREET ADDRESS	10 LANGCLIFFE COURT		STREET ADDRESS	821 EAST GATE Drive	
CITY-ST-ZIP	MOUNT LAUREL, NJ 08054		CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISBURD, CLAUDIA		NAME	Lois Schwartz	
STREET ADDRESS	25 FTH STREET		STREET ADDRESS	821 EAST GATE Drive	
CITY-ST-ZIP	FRENCHTOWN, NJ 08825		CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JOHN		NAME	Martha C. Young	
STREET ADDRESS	450 DOROTHY DR.		STREET ADDRESS	6236 North 15th Street	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP	Philadelphia, PA 19141	
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUER, RHONDA		NAME		
STREET ADDRESS	126 RUE DU BOIS		STREET ADDRESS		
CITY-ST-ZIP	CHERRY HILL, NJ 08003		CITY-ST-ZIP		
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 617, 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: <u>Rhonda H Lauer</u>		Date: <u>03/06/07</u>		Daytime Phone #: <u>856 533.1600</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40036802



03062007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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

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

FL Zip Code

SIGNATURE Ludwina M. Smith DATE 03/06/07

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