


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90163 036 ****61.25

DOCUMENT # F02000002336

1. Entity Name
FOUNDATIONS, INC.



Principal Place of Business
**101 EXECUTIVE DR., STE. 2
MOORESTOWN NJ 08057**

Mailing Address
**101 EXECUTIVE DR., STE. 2
MOORESTOWN NJ 08057**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1801849** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**NEE, JUDITH
8487 155TH PLACE NORTH
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent
Name **LUDWINA SMITH**
Street Address (P.O. Box Number is Not Acceptable) **5061 NORTH A1A
BUILDING A 304**
City **FT PIERCE** FL Zip Code **34949**

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 *Ludwina Smith* DATE 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	LAUER, RHONDA H	
STREET ADDRESS	126 RUE DU BOIS	
CITY-ST-ZIP	CHERRY HILL NJ 08003	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ROBERT R	
STREET ADDRESS	821 EAST GATE DR.	
CITY-ST-ZIP	MT-LAUREL-NY-08054	
TITLE	ED	<input type="checkbox"/> Delete
NAME	ESBRANDT, PHILIP	
STREET ADDRESS	21 COLLEGE LANE	
CITY-ST-ZIP	CHERRY HILL NJ 08003	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTLIEB, LINDA	
STREET ADDRESS	944 CHANTICLEER DR.	
CITY-ST-ZIP	CHERRY HILL NJ 08003	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, JOHN	
STREET ADDRESS	450 DOROTHY DR.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	LAUER, RHONDA	
STREET ADDRESS	126 RUE DU BOIS	
CITY-ST-ZIP	CHERRY HILL NJ 08003	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *Rhonda Lauer* DATE 4/29/03 PHONE 856-533-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone #

CR2E037 (10/02)