


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

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90013 018 \*\*\*\*61.25

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<b>DOCUMENT # F9700000846</b>					
1. Entity Name LIONS CLUBS INTERNATIONAL FOUNDATION, INC.					
Principal Place of Business 300 22ND STREET OAK BROOK, IL 60523-8842		Mailing Address 300 22ND STREET OAK BROOK, IL 60523-8842			
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 23-7030455	
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		
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	EA	<input checked="" type="checkbox"/> Delete	TITLE	EA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETINA, GARY L		NAME	Peter Lynch	
STREET ADDRESS	300 22ND STREET		STREET ADDRESS	300 22nd Street	
CITY-ST-ZIP	OAK BROOK, IL 60523		CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKERIK, MARYELLEN		NAME		
STREET ADDRESS	300 22ND STREET		STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK, IL 60523		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSIAK, CLEMENT F		NAME	Dr. Ashok Mehta	
STREET ADDRESS	300 22ND ST.		STREET ADDRESS	300 22nd Street	
CITY-ST-ZIP	OAK BROOK, IL 605238842		CITY-ST-ZIP	Oak Brook, IL 60523-8842	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	Vice Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVISUTH, SOMSAKDI L		NAME	Roy Barnette	
STREET ADDRESS	300 22ND STREET		STREET ADDRESS	3300 22nd Street	
CITY-ST-ZIP	OAK BROOK, IL 605238842		CITY-ST-ZIP	Oak Brook, IL 60523-8842	
TITLE	DM	<input checked="" type="checkbox"/> Delete	TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANO, PHILIP		NAME	Rebecca Dacu	
STREET ADDRESS	300 22ND STREET		STREET ADDRESS	300 22nd Street	
CITY-ST-ZIP	OAK BROOK, IL 60523		CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMANSA, LUIS A		NAME	Robert J. Eichhorn	
STREET ADDRESS	300 22ND ST		STREET ADDRESS	300 22nd St.	
CITY-ST-ZIP	OAK BROOK, IL 605238842		CITY-ST-ZIP	Oak Brook, IL 60523-8842	
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>Rebecca Dacu</u>		Rebecca Dacu		2/19/07 (630) 571-5466	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	