# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2009**
**Secretary of State**

DOCUMENT# N00000002512

**Entity Name:** CARBON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O KIRSTEN GORELL-POMA
4763 LORRAINE DRIVE
SAN DIEGO, CA 92115

**New Principal Place of Business:**

2135 CECELIA TERRACE
SAN DIEGO, CA 92110

**Current Mailing Address:**

C/O ELLIOT D. STEIN, CPA
2131 HOLLYWOOD BLVD, #505
HOLLYWOOD, FL 33120

**New Mailing Address:**

2135 CECELIA TERRACE
SAN DIEGO, CA 92110

**FEI Number: 86-0991034** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STEIN, ELLIOT D CPA
2131 HOLLYWOOD BLVD
SUITE 505
HOLLYWOOD, FL 33120 US

**Name and Address of New Registered Agent:**

HUMBERT, DANIEL W
1930 HARRISON STREET
SUITE 303
HOLLYWOOD, FL 33020 US

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: DANIEL W. HUMBERT 02/18/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GORELL-POMA, KIRSTEN L
Address: 4763 LORRAINE DRIVE
City-St-Zip: SAN DIEGO, CA 92115

Title: V ( ) Delete
Name: GORELL-GETZ, LISEL
Address: 2135 CECELIA TERR
City-St-Zip: SAN DIEGO, CA 92110

Title: D ( ) Delete
Name: GETZ, PAUL
Address: 2135 CECELIA TERR
City-St-Zip: SAN DIEGO, CA 92110

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: POMA, KIRSTEN L
Address: 6416 E. 10TH AVE.
City-St-Zip: ANCHORAGE, AK 99504

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

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

Title: D ( ) Change (X) Addition
Name: POMA, JOE
Address: 6416 E. 10TH AVE.
City-St-Zip: ANCHORAGE, AK 99504

I hereby certify that the information supplied with this filing does not qualify 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: KIRSTEN L. POMA P 02/18/2009
Electronic Signature of Signing Officer or Director — Date