

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

DOCUMENT# N03000010091

**FILED  
Jan 17, 2007  
Secretary of State**

**Entity Name:** BARRY & JUDITH NELSON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O NELSON & LEVINE, P.A.  
2775 SUNNY ISLES BLVD., SUITE 118  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NELSON & LEVINE, P.A.  
2775 SUNNY ISLES BLVD., SUITE 118  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 56-2416504      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NELSON, BARRY A  
2775 SUNNY ISLES BLVD.  
SUITE 118  
NORTH MIAMI BEACH, FL 33160 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:** PTD       Delete  
**Name:** NELSON, BARRY A  
**Address:** 2775 SUNNY ISLES BLVD. #118  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33160

**Title:** VPSD       Delete  
**Name:** NELSON, JUDITH  
**Address:** 200 GOLDEN BEACH DRIVE  
**City-St-Zip:** GOLDEN BEACH, FL 33160

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

**Title:**       Change    Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**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: BARRY A. NELSON

P

01/17/2007

Electronic Signature of Signing Officer or Director

Date