


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N05000003188

1. Entity Name
MEFTAH FOUNDATION INC.



Principal Place of Business Mailing Address

340 5TH AVE S SUITE 200 **340 5TH AVE S SUITE 200**
NAPLES, FL 34102 **NAPLES, FL 34102**

DO NOT WRITE IN THIS SPACE



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3378489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOLPE, MICHAEL J ESQ
711 5TH AVE S SUITE 201
NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

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, 2008

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

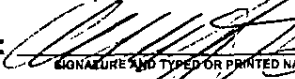
U00000911136
 05/07/08-80026-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEFTAH, MICHAEL 3540 GIN LANE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEFTAH, PATRICIA M 3540 GIN LANE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEFTAH, DIANE M 77 DEERFOOT RD SOUTHBOROUGH, MA 01772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEFTAH, YVETTE M 41J ROLAND GARDENS LONDON SW7 3PQ, UK,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEFTAH, PARVIZ 152 W HIGH STREET MI GILEAD, OH 43338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOLPE, MICHAEL J ESQ 711 5TH AVE S SUITE 201 NAPLES, FL 34102

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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:  **Michael Meftah, President** **4/17/08** **239-434-6446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #