
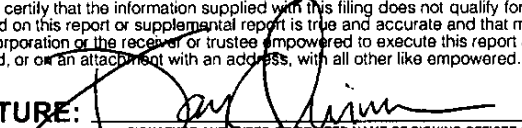


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90041 020 ****61.25

DOCUMENT # N06000006374						
1. Entity Name QUINN'S CORPS FOUNDATION INC.						
Principal Place of Business 20810 WEST DIXIE HWY NORTH MAM BEACH, FL 33180			Mailing Address 20810 WEST DIXIE HWY NORTH MAM BEACH, FL 33180			
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 20-5042198		
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			
A.R.S. & ASSOCIATES INC. 20810 WEST DIXIE HWY NORTH MIAMI BEACH, FL 33180			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 _____			DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008			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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, DANIEL			NAME		
STREET ADDRESS	21 SNOWY OWL TERRACE			STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, STACEY			NAME		
STREET ADDRESS	21 SNOWY OWL TERRACE			STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, BRIAN			NAME		
STREET ADDRESS	12090 WOODDED VISTA LANE			STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92128			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANNETTA, LEN			NAME		
STREET ADDRESS	7405 DUNCAS RIDGE WAY			STREET ADDRESS		
CITY-ST-ZIP	FUQUAY-VARINA, NC 27526			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASON, CAROLINE			NAME		
STREET ADDRESS	718 SOUTH BOULDIN STREET			STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21702			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, PETER			NAME		
STREET ADDRESS	17 VENTOSA DRIVE			STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN, NJ 07960			CITY-ST-ZIP		
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: 			DAN QUINN		4-21-08 56-560-8228	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	