2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# N06000012485

Entity Name: D.A.S.H. FOUNDATION, INC.

Current Principal Place of Business:

49 ROUNDTREE DR
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

49 ROUNDTREE DR
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 20-8004631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, CONSTANCE R
49 ROUNDTREE DR
PALM COAST, FL 32164 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:	D	( ) Delete
Name:	WALLACE, CONSTANCE R	
Address:	49 ROUNDTREE DR	
City-St-Zip:	PALM COAST, FL 32164	
Title:	D	( ) Delete
Name:	WALLACE, GARRY	
Address:	49 ROUNDTREE DR	
City-St-Zip:	PALM COAST, FL 32164	
Title:	D	( ) Delete
Name:	WALLACE, PAUL	
Address:	49 ROUNDTREE DR	
City-St-Zip:	PALM COAST, FL 32164	
Title:	D	( ) Delete
Name:	IANTUONO, ALANA	
Address:	881 GREENWICH AVENUE, #E26	
City-St-Zip:	WARWICK, RI 02886	
Title:	D	( ) Delete
Name:	IANTUONO, DARA	
Address:	881 GREENWICH AVENUE, #E26	
City-St-Zip:	WARWICK, RI 02886	
Title:	D	( ) Delete
Name:	MOELLER, ELAINE	
Address:	1315 16TH AVE	
City-St-Zip:	KEARNEY, NE 68845	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	STIER, KATRINA	
Address:	34 BUENA COURT	
City-St-Zip:	TURNERSVILLE, NJ 08012	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: CONSTANCE R. WALLACE D 07/11/2008

Electronic Signature of Signing Officer or Director — Date