


2008

**CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N11000004370 1. Entity Name THE FOCUS FOUNDATION, INC.	
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Principal Place of Business SUNRISE CORPORATE PLAZA ONE 1300 SAWGRASS CORPORATE PARKWAY, #300 SUNRISE, FL 33323-2804	Mailing Address SUNRISE CORPORATE PLAZA ONE 1300 SAWGRASS CORPORATE PARKWAY, #300 SUNRISE, FL 33323-2804
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04142008

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8541819	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

GALLOWAY, AMY J ESQ.
% TRIPP SCOTT, P.A.
110 S.E. 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

UN00009PFF99R
05/05/08-80020-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BULLINGTON, DOUGLAS W
STREET ADDRESS	1300 SAWGRASS CORPORATE PARKWAY, #300
CITY-ST-ZIP	SUNRISE, FL 333232804
TITLE	D
NAME	TROMER, KEVIN M
STREET ADDRESS	1300 SAWGRASS CORPORATE PARKWAY, #300
CITY-ST-ZIP	SUNRISE, FL 333232804
TITLE	D
NAME	GARCELL, CARIDAD
STREET ADDRESS	1300 SAWGRASS CORPORATE PARKWAY, #300
CITY-ST-ZIP	SUNRISE, FL 333232804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Caridad Garcell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08 954-331-4812
Date Daytime Phone #