

2009

CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N11000004370

Entity Name: THE FOCUS FOUNDATION, INC.

Current Principal Place of Business:

SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PARKWAY, #300
SUNRISE, FL 333232804

New Principal Place of Business:

Current Mailing Address:

SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PARKWAY, #300
SUNRISE, FL 333232804

New Mailing Address:

FEI Number: 20-8541819 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BULLINGTON, DOUGLAS W
Address: 1300 SAWGRASS CORPORATE PARKWAY, #300
City-St-Zip: SUNRISE, FL 333232804

Title: D ( ) Delete
Name: TROMER, KEVIN M
Address: 1300 SAWGRASS CORPORATE PARKWAY, #300
City-St-Zip: SUNRISE, FL 333232804

Title: D ( ) Delete
Name: GARCELL, CARIDAD
Address: 1300 SAWGRASS CORPORATE PARKWAY, #300
City-St-Zip: SUNRISE, FL 333232804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARIDAD GARCELL

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date