


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N13376 1. Entity Name THE CITTA FOUNDATION, INC.	
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Principal Place of Business 110 EAST ATLANTIC AVE #330 DELRAY BEACH FL 33444	Mailing Address 110 EAST ATLANTIC AVE #330 DELRAY BEACH FL 33444
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2635738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ARLEN, ROBERT M.
110 EAST ATLANTIC AVE # 330
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD CITTA, ROSANNE L.	<input type="checkbox"/>
STREET ADDRESS	21 PINE STREET	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE	VD CITTA, JOSEPH A. JR	<input type="checkbox"/>
STREET ADDRESS	354 ROBERTS AVENUE	
CITY-ST-ZIP	SEASIDE PARK NJ 08752	
TITLE	SD ROSELLI, MARIE	<input type="checkbox"/>
STREET ADDRESS	585 BROOKSIDE DRIVE	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000439863	<input type="checkbox"/>	<input type="checkbox"/>
NAME	03/02/06-80019-006 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.