2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29728

FILED Jan 03, 2007 Secretary of State

Entity Name: PINE VIEW FOUNDATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2621 MAL SARASOT	L DR. 「A, FL 34231	US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
2621 MAL SARASOT	L DR. ΓΑ, FL 34231	US			
El Number	: 65-0119187	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2621 MAL	5, LAURA L DR. 「A, FL 34231	US			
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Age	ent	Date	
FFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
lame: .ddress:	D () HORLICK, MICH 604 APALACHIO VENICE, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
lame: .ddress: city-St-Zip: itle: lame: .ddress:	HORLICK, MICH 604 APALACHIO VENICE, FL	HAEL D., COLA DR. Delete N.M.,	Name: Address:	() Change () Addition () Change () Addition	
lame: .ddress: bity-St-Zip: lame: .ddress: bity-St-Zip: litle: lame: .ddress:	HORLICK, MICH 604 APALACHIC VENICE, FL D () LARGO, STEVE 4421 CHIMNEY SARASOTA, FL	HAEL D., COLA DR. Delete N M., CREEK DRIVE Delete E.,	Name: Address: City-St-Zip: Title: Name: Address:		
itle: lame: .ddress: city-St-Zip:	HORLICK, MICH 604 APALACHIC VENICE, FL D () LARGO, STEVE 4421 CHIMNEY SARASOTA, FL D () OLSON, DAVID 20 N WASHING SARASOTA, FL	HAEL D., COLA DR. Delete N M., CREEK DRIVE Delete E., TON Delete EN C.,	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition	
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I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA ROBERTS P 01/03/2007