


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90023 009 ****61.25

DOCUMENT # N41241
1. Entity Name
ELLIOT DINNERSTEIN FOUNDATION, INC.



Principal Place of Business Mailing Address
2800 PONCE DE LEON BLVD 2800 PONCE DE LEON BLVD
SUITE 1125 SUITE 1125
CORAL GABLES FL 33134 CORAL GABLES FL 33134
US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
10 Riverside Dr.

City & State City & State
White Salmon, WA

Zip Country Zip Country
98672 USA

1st MOORE CR2E037 (10/06)



4. FEI Number Applied For
65-0232451 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BREIER, ROBERT G. ESQ.
2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES FL 33134

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  **MARC DINNERSTEIN** **4/30/07**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	ADAMS, LYNKA	2800 PONCE DE LEON BLVD, SUITE 1125	CORAL GABLES FL 33134	<input type="checkbox"/>
TPST	DINNERSTEIN, MARC	2800 PONCE DE LEON BLVD, SUITE #1125	CORAL GABLES FL 33134	<input type="checkbox"/>
T	RYDER, JEANNE	2800 PONCE DE LEON BLVD, SUITE #1125	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:  **MARC DINNERSTEIN** **4/30/07** **509-493-0039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #