FILED
Aug 28, 2006 8:00 am
Secretary of State
07-28-2006 90033 040 ****61.25

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

7/28/7,

DOCUMENT # N98000005914

1. Entity Name

IMMACULATE CONCEPTION FOUNDATION, INC.

Principal Place of Business	Mailing Address
12042 CAROLINA WOODS LANE ORLANDO FL 32824	12042 CAROLINA WOODS LANE ORLANDO FL 32824

2nd MOORE CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3551363 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENRIQUEZ, A A 375 S COURTENAY PKWY SUITE 7-A MERRITT ISLAND FL 32952	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

FILE NOW: FEE IS $61.25
Due By September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRIQUEZ, A A 375 S COURTENAY PKWY MERRITT ISLAND FL 32952	☐ Delete	TITLE D NAME MARGARITA HENRIQUEZ STREET ADDRESS 71 RIVER RIDGE DR CITY-ST-ZIP ROCKLEDGE FL 32955		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ESPINAL, FELIX 12042 CAROLINA WOODS LN. ORLANDO FL 32824	☐ Delete	TITLE T NAME ELIAS VALDEZ STREET ADDRESS 420 MOORE PARK LN. #203 CITY-ST-ZIP MERRITT ISLAND, FL 32952		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BURSIAN, HENRY 555 RIVER MOORINGS DR MERRITT ISLAND FL 32953	☑ Delete	TITLE D NAME ELSA VALDEZ STREET ADDRESS 420 MOORE PARK LN #203 CITY-ST-ZIP MERRITT ISLAND, FL 32952		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERNANDEZ, MERCEDES 5215 TURKEY LAKE RD ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERNANDEZ, JUANA 14124 LORD BARCLAY DR ORLANDO FL 32837	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, ENRIQUE 5215 TURKEY LAKE RD ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: A. ARALDO HENRIQUEZ MD 8/9/06 321-453-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #