

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001836

FILED
Mar 27, 2008
Secretary of State

Entity Name: FOUNDATION MANAGEMENT SOCIETY USA, CORP.

Current Principal Place of Business:

C/O PERRY LEVIN
111 SW 5TH AVE-SUITE 201
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

C/O PERRY LEVIN
111 SW 5TH AVE-SUITE 201
MIAMI, FL 33130

New Mailing Address:

FEI Number: 33-1155630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, PERRY K
260 OCEAN DRIVE STE #28
MIAMI BEACH, FL 33139 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

OFFICERS AND DIRECTORS:

Title: EDS () Delete
Name: LEVIN, JOEL I
Address: 260 CRANDON BLVD, STE 32#146
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVP () Delete
Name: LEVIN, PERRY K
Address: 260 OCEAN DR-APT 28
City-St-Zip: MIAMI BEACH, FL 33135

Title: D () Delete
Name: FONT, JOSE A
Address: 1417 WEST FLAGLER
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: HUNT, LONZIE BISHOP
Address: 1776 NW 57TH STREET
City-St-Zip: MIAMI, FL 33142

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:

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

SIGNATURE: JOEL I LEVIN

ED

03/27/2008

Electronic Signature of Signing Officer or Director

_____ Date