2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N05000003896

Entity Name: CROCKETT FOUNDATION INC.

Current Principal Place of Business:

20810 W DIXIE HWY
N MIAMI BCH, FL 33180

New Principal Place of Business:

Current Mailing Address:

20810 W DIXIE HWY
N MIAMI BCH, FL 33180

New Mailing Address:

FEI Number: 20-2689874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOCOL, ROBERT E
C/O A.R.S. & ASSOCIATES INC.
20810 W DIXIE HWY
N MIAMI BCH, FL 33180 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: PD ( ) Delete
Name: CROCKETT, HENRI
Address: 20810 W DIXIE HWY
City-St-Zip: N MIAMI BCH, FL 33180

Title: VPD ( ) Delete
Name: CROCKETT, ZACHARY
Address: 20810 W DIXIE HWY
City-St-Zip: N MIAMI BCH, FL 33180

Title: SD ( ) Delete
Name: HALL, SYLIVIANN
Address: 20810 W DIXIE HWY
City-St-Zip: N MIAMI BCH, FL 33180

Title: T ( ) Delete
Name: SOCOL, ROB
Address: 20810 W DIXIE HWY
City-St-Zip: N MIAMI BCH, FL 33180

Title: D ( ) Delete
Name: CLARK, ZEFFERY
Address: 20810 W DIXIE HWY
City-St-Zip: N MIAMI BCH, FL 33180

Title: D ( ) Delete
Name: CROCKETT, JASON
Address: 20810 W DIXIE HWY
City-St-Zip: N MIAMI BCH, FL 33180

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:

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: HENRI CROCKETT P 04/21/2008

Electronic Signature of Signing Officer or Director — Date