


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90023 029 \*\*\*\*61.25

<b>DOCUMENT # 742974</b>	
1. Entity Name <b>MILTON LITTMAN MEMORIAL FOUNDATION, INC.</b>	

Principal Place of Business <del>17971 BISCAYNE BLVD STE 214</del> <b>MIAMI, FL 33160-2588</b>	Mailing Address <del>17971 BISCAYNE BLVD STE 214</del> <b>MIAMI, FL 33160-2588</b>
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2. Principal Place of Business - No P.O. Box # <b>9000 SHERIDAN ST</b> Suite, Apt. #, etc. <b>117</b> City & State <b>PEMBROKE PINES, FL</b> Zip <b>33024</b> Country <b>USA</b>	3. Mailing Address <b>9000 SHERIDAN ST</b> Suite, Apt. #, etc. <b>117</b> City & State <b>PEMBROKE PINES, FL</b> Zip <b>33024</b> Country <b>USA</b>
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01212008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1840585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PESETSKY, WALTER S.</b> <b>1031 NORTH MIAMI BEACH BLVD</b> <b>NORTH MIAMI BEACH, FL 33162</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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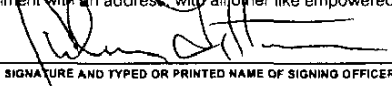
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>LITTMAN, JULIUS</b> <b>3545 NE 166TH STREET PH-10</b> <b>NORTH MIAMI BEACH, FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PESETSKY, WALTER</b> <b>1031 NORTH MIAMI BEACH BLVD</b> <b>NORTH MIAMI BEACH, FL 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GORDON, LARRY</b> <b>2841 NE 163RD STREET #101</b> <b>NORTH MIAMI BEACH, FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **JULIUS LITTMAN** 1/30/08 786 252 6168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #