


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 848221 1. Entity Name AMERICAN CULINARY FEDERATION FOUNDATION, INC.	
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Principal Place of Business 180 CENTER PLACE WAY ST AUGUSTINE, FL 32095	Mailing Address 180 CENTER PLACE WAY ST AUGUSTINE, FL 32095
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 38-2172192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAMB, HEIDI 180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINSELLA, JOHN 4634 LAUREL VIEW DRIVE CINCINNATI, OH 45244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRONOWITZ, WALTER 4945 NE 193RD STREET LAKE FOREST PARK, WA 98155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIELLO, JOE 4318 RIVER ROAD SCHILLER PARK, IL 60176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAMB, HEIDI 180 CENTER PLACE WAY SAINT AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: William G Myers **WILLIAM G MYERS** 2/11/08 (300) 624-9453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #