



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90055 025 ****61.25

DOCUMENT # F02000002336 1. Entity Name FOUNDATIONS, INC.					
Principal Place of Business 2 EXECUTIVE DR., STE. 1 MOORESTOWN, NJ 08057			Mailing Address 2 EXECUTIVE DR., STE. 1 MOORESTOWN, NJ 08057		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40036802 	
City & State		City & State		4. FEI Number 52-1801849	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, LUDWINA 5061 NORTH A1A BLDG A 304 FORT PIERCE, FL 34949				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>Ludwina M. Smith</i></u> 03/06/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ST LAUER, RHONDA H 126 RUE DU BOIS CHERRY HILL, NJ 08003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Auerbach, Carol 930 Park Avenue New York, NY 10028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHWARTZ, ROBERT R 821 EAST GATE DR. MT LAUREL, NY 08054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Edward Glickman 623 Greythorne Road Wynnewood, PA 19096	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO SPECTOR, MARK 10 LANGCLIFFE COURT MOUNT LAUREL, NJ 08054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Bernard Schwartz 821 EAST GATE Drive Mt. Laurel, NJ 08054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED WEISBURD, CLAUDIA 25 FTH STREET FRENCHTOWN, NJ 08825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Lois Schwartz 821 EAST GATE Drive Mt. Laurel, NJ 08054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED HENDERSON, JOHN 450 DOROTHY DR. KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Martha C. Young 6236 North 15th Street Philadelphia, PA 19141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LAUER, RHONDA 126 RUE DU BOIS CHERRY HILL, NJ 08003	<input checked="" 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: <u><i>Rhonda H Lauer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/06/07</u> 856 533.1600 <small>Daytime Phone #</small>		