


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90047 010 \*\*\*\*61.25

<b>DOCUMENT # F04000003376</b> 1. Entity Name <b>DR. ROBERT DEERY FOUNDATION, INC.</b>					
Principal Place of Business <b>5580 PETERSON LANE STE. 250 DALLAS, TX 75240</b>			Mailing Address <b>5580 PETERSON LANE STE. 250 DALLAS, TX 75240</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>35-2226622</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DEERY, ROBERT DR 7177 WEXFORD WAY PORT ST. LUCIE, FL 34986</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 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 Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD DEERY, ROBERT DR 7177 WEXFORD WAY PORT ST. LUCIE, FL 34986</b> <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	<b>STD DEERY, LOIS 7177 WEXFORD WAY PORT ST. LUCIE, FL 34986</b> <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	<b>D WEST, NANCY 13305 LOCKSLEY LANE <del>SILVER SPRINGS, MD 20908</del></b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Silver Spring, MD 20904</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEERY, REX 13549 ARGO DRIVE DAYTON, MD 21036</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mary E. Deery-Smith 1153 NW Lombardy Drive (D) Port St. Lucie, FL 34986</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEERY, ROBERT W <del>1234 MASSACHUSETTS AVE NE #824 WASHINGTON, DC 20005</del></b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4220 Brigantine Blvd., Unit 204A Brigantine, NJ 08203</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEERY, JANET 6770 DUCKETTS LANE ELKRIDGE, MD 21075</b> <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.					
<b>SIGNATURE: <i>Robert Deery</i> Dr. Robert Deery 1-22-08 (772) 465-6254</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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