2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000137

BEAR, DE 19701

City-St-Zip:

FILED May 01, 2006 Secretary of State

| Entity Nar | me: JOVIUS FOUNDATION, INC. | | | |
|---|--|--|--|--|
| Current Principal Place of Business: | | New Principal Place o | of Business: | |
| 4185 KIRK BEAR, DE | WOOD - ST. GEORGES ROAD 19701 | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| SUITE 101 | CONSIN AVE 1 A, MD 20814 US | | | |
| | 59-3103892 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did n | FEI Number Not Applicable () ot receive the prior notice. | Certificate of Status Desired (X) | |
| Name and | Address of Current Registered Agent: | Name and Address of | New Registered Agent: | |
| 699 E. FIF | DN, HARLOW C TH AVENUE A, FL 32757 US | | | |
| | named entity submits this statement for the e of Florida. | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | |
| | Electronic Signature of Registered Ag | ent | Date | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PCTD () Delete MAZIK, KENNETH M 699 E. FIFTH AVENUE MT. DORA, FL 32757 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VPD () Delete BROWN, DONNA H 699 E. FIFTH AVENUE MT. DORA, FL 32757 | Title: (Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | SD () Delete DEEMEDIO, THOMAS 4185 KIRKWOOD ST. GEORGES RD | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: TOM DEEMEDIO S 05/01/2006