


**2007 FIDELITY REPORT FOR GRATUIT
ANNUAL REPORT (AR)**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90009 039 ****61.25

DOCUMENT # N00000001812
1. Entity Name
2889 ASSOCIATION, INC.




Principal Place of Business Mailing Address
**2889 N.E. 33RD COURT
FT LAUDERDALE FL 33306** **2889 N.E. 33RD COURT
ROBERT PENN APT 1
FT LAUDERDALE FL 33306**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country


1st MOORE CR2E037 (10/06)
4. FEI Number Applied For
65-0992340 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHELDON, SANDRA
2889 NE 33RD CT
UNIT 2
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution, **\$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	PD MADRIGANO, ROCCO 5 HIDDEN HOLLOW CT GREENBROOK NJ 08812 <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	V SHELDON, SANDRA 5 HIDDEN HOLLOW CT GREENBROOK NJ 08812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARDY, DIERDRE 2889 NE 33RD CT #4 FORT LAUDERDALE FL 33306 <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	T PENN, ROBERT J 2889 NE 33RD CT #1 FORT LAUDERDALE FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" 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 Section 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: Robert J. Penn 4/14/07 954-537-9116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #