2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001823

FILED Apr 27, 2007 Secretary of State

Entity Name: SUSAN AND MICHAEL SCHECHTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

502 NORTH ARMENIA AVENUE 401 NORTH HOWARD AVENUE

TAMPA, FL 33609 TAMPA, FL 33606

Current Mailing Address: New Mailing Address:

KOEHLER & COMPANY PA
502 NORTH ARMENIA AVENUE
TAMPA, FL 33609

KOEHLER & COMPANY PA
401 HOWARD AVENUE
TAMPA, FL 33606

FEI Number: 59-3703578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOEHLER, KEITH W
KOEHLER & COMPANY P.A.
502 NORTH ARMENIA AVENUE
TAMPA, FL 33609 US

KOEHLER, KEITH W
KOEHLE

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.

SIGNATURE: KEITH W KOEHLER 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: SCHECHTER, SUSAN Name: SCHECHTER, SUSAN Address: 502 NORTH ARMENIA AVENUE Address: 401 NORTH HOWARD AVENUE

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33606

Title: D () Delete Title: D (X) Change () Addition Name: SCHECHTER, MICHAEL Name: SCHECHTER, MICHAEL

Address: 502 NORTH ARMENIA AVENUE Address: 401 NORTH HOWARD AVENUE

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33606

Title: D () Delete Title: () Change () Addition

 Name:
 AINSWORTH, KEVIN
 Name:

 Address:
 1723 ORLEANS RD
 Address:

 City-St-Zip:
 HARWICH, MA 02645
 City-St-Zip:

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

SIGNATURE: SUSAN SCHECHTER D 04/27/2007