



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000002518</b> 1. Entity Name NEIGHBORS GIVING THANKS, INC.			
Principal Place of Business 12805 SW 84TH AVE RD MIAMI, FL 33156		Mailing Address 12805 SW 84TH AVE RD MIAMI, FL 33156	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04162008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 31-1706319	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  TELISMAN, ALAN 12805 SW 84TH AVE. RD MIAMI, FL 33156		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000907773 05/06/08-80001-018 61.25
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TELISMAN, ALAN ESQ. 12805 SW 84TH AVE. RD MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROSS, HOWARD ESQ. 12805 SW 84TH AVE. RD MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, DAVID 8925 SW 148TH STREET, SUITE 218 MIAMI, FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 another like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Alan Telisman Date 4/16/2008 <small>Daytime Phone #</small>	