

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90001 039 ****61.25

DOCUMENT # N00000006872

1. Entity Name
ANCHORMINOTT FOUNDATION CORP.



50062162

Principal Place of Business
 20401 NW 2ND AVE
 STE 207
 MIAMI, FL 33169

Mailing Address
 20401 NW 2ND AVE
 STE 207
 MIAMI, FL 33169



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07252005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-1108560

Applied For
 Not Applicable

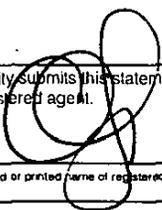
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ESCOFFREY, DELROY
 20401 NW 2ND AVENUE, SUITE 207
 MIAMI, FL 33169

7. Name and Address of New Registered Agent
 Name **ANTONETTE SINGH c/o**
 Street Address (P.O. Box Number is Not Accepted) **KIETTE WORKS MANAGEMENT SERVICES**
3883 NW 19th STREET
 City **Lauderdale Lakes** FL Zip Code **33311**

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 **7/25/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

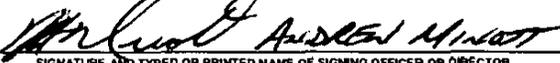
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MINOTT, ANDREW	
STREET ADDRESS	20401 NW 2ND AVE SUITE 207	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESCOFFERY, DELROY	
STREET ADDRESS	20401 NW 2ND AVE SUITE 207	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINOTT, JUDY	
STREET ADDRESS	20401 NW 2ND AVE SUITE 207	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, CHARLES	
STREET ADDRESS	20401 NW 2ND AVE SUITE 207	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **7/25/05** (954) 445-0223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #