


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007500</b> 1. Entity Name <b>MORRIS &amp; YETTA DECKELBAUM FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>4430 CASPER COURT HOLLYWOOD, FL 33021</b>	Mailing Address <b>4430 CASPER COURT HOLLYWOOD, FL 33021</b>
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04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1049921</b>	Applied For <input type="checkbox"/> 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  <b>DECKELBAUM, MORRIS 4430 CASPER CT HOLLYWOOD, FL 33021</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DECKELBAUM, MORRIS 4430 CASPER COURT HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DECKELBAUM, YETTA 4430 CASPER COURT HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DECKELBAUM, GORDON 6051 N OCEAN DR PH5 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZIMMERING, LINDA 1327 CEDAR BRAE DRIVE - OAKVILLE ONTARIO CANADA L6J2E9
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DECKELBAUM, CAROL 7312 1ST AVE NW SEATTLE, WA 98117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000313262 04/29/05-80088-011 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **4/26/05 954-965-3636**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #