


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007690 1. Entity Name FOR GIVING FOUNDATION, INC.	
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Principal Place of Business 125A EAST MARKS STREET ORLANDO, FL 32803	Mailing Address 125A EAST MARKS STREET ORLANDO, FL 32803
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04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3703693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOSSERMAN, RICHARD 125A EAST MARKS ST. ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D BOSSERMAN, RICHARD E 125A EAST MARKS STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSERMAN, NANCY H 125A EAST MARKS STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUDA, SEAN 2056 SUE HARBOUR COVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000532605
05/06/06-80088-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Richard E Bosserman* **RICHARD E BOSSERMAN Pres.** *April 24 2006* **407/4237700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #