
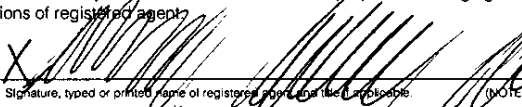
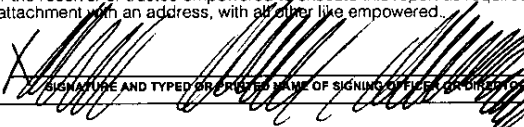


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90204 045 ****61.25

DOCUMENT # N00177 1. Entity Name CRACCHIOLO FOUNDATION, INC.			
Principal Place of Business 601 N CONGRESS AVE SUITE 305 DELRAY BEACH, FL 33445 US		Mailing Address 601 N CONGRESS AVE SUITE 305 DELRAY BEACH, FL 33445 US	
2. Principal Place of Business - No P.O. Box # 2900 N. MILITARY TRAIL Suite, Apt. #, etc. SUITE 200 City & State BOCA RATON, FL Zip 33431 Country USA		3. Mailing Address 2900 N. MILITARY TRAIL Suite, Apt. #, etc. SUITE 200 City & State BOCA RATON, FL Zip 33431 Country USA	
4. FEI Number 59-2352702		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRACCHIOLO, SAM A., SR. 601 N CONGRESS AVE SUITE 305 DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2900 N. MILITARY TRAIL SUITE 200 City BOCA RATON FL Zip Code 33431	
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  SAM A. CRACCHIOLO, SR. 4-16-07 <small>Signature, typed or printed name of registered agent and fee filer (if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRACCHIOLO, SAM A., SR. 601 N CONGRESS AVE, STE 305 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CRACCHIOLO, ANNITA 601 N CONGRESS AVE, STE 305 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRACCHIOLO, JOHN E. 601 N CONGRESS AVE, STE 305 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SAM A. CRACCHIOLO, SR. 4-16-07 (561) 243-9800 <small>Signature and typed or printed name of signing officer, director, or trustee</small>		Date Daytime Phone #	

40070880



04132007 Chg-NP CR2E037 (12/06)