2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # N00177 1. Entity Name CRACCHIOLO FOUNDATION, INC.			04-2	21-2008 90078	3 024 ****61.	25
Principal Place of Business 2900 N MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431 US	Mailing Address 2900 N MILITARY TRAIL SUITE 200 BOCA RATON, FL 3343					P(8) 81 P881
2. Principal Place of Business - No P.O. Box # 9051 Florida Mining Blv	3. Mailing Address 9051 Florida Suite, Apt. #, etc.	Mining Bly	d.			
Suite 100	Suite 100		04142008 Chg	-NP CR	2E037 (12/06)	oplied For
Tampa FL	Tampa FL		59-2352702		No	t Applicable
33634 USA	33634	USA USA	5. Certificate of Stat		\$8.75 Add Fee Required	
6. Name and Address of Current	t Registered Agent	Name —	7. Name and Addre			-
CRACCHIOLO, SAM A., SR. 2900 N MILITARY TRAIL		James M. Cracchiolo Street Address (P.O. Box Number is Not Acceptable) 9051 Florida Mining Blvd.				
SUITE 200				ng Blud.		
BOCA RATON, FL 33431		Suit &	100		■ Zip Code	e , .
8. The above named entity submits this statement f	registered office or reg		e State of Florida	FL 336	and accept	
the obligations of registered agent.		ogucioso omoo or rag	pototo agont, at solt, it t		_	and accopt
SIGNATURE FULL UT	rung-			4.15	5.08	
Signature, diped or printed name of registered agen	nt and title if applicable. (NOTE	: Registered Agent signatura re	quired when reinstating) •	D	ATE	
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Florida D	heck payable to epartment of St	ate
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12. I hereby certify that the information supplied with this filling 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 truesdee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4.15-08 813-889-83