


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90078 024 ****61.25

DOCUMENT # N00177 1. Entity Name CRACCHIOLO FOUNDATION, INC.	
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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 33431 US
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2. Principal Place of Business - No P.O. Box # 9051 Florida Mining Blvd Suite, Apt. #, etc. Suite 100 City & State Tampa, FL Zip 33634 Country USA	3. Mailing Address 9051 Florida Mining Blvd. Suite, Apt. #, etc. Suite 100 City & State Tampa, FL Zip 33634 Country USA
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04142008 Chg-NP CR2E037 (12/06)

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. 2900 N MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431	
7. Name and Address of New Registered Agent Name James M. Cracchiolo Street Address (P.O. Box Number is Not Acceptable) 9051 Florida Mining Blvd. Suite 100 City Tampa FL Zip Code 33634	

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.

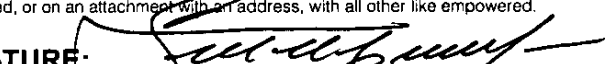
SIGNATURE  DATE **4.15.08**

(NOTE: Registered Agent signature required when reinstating) *

Filing Fee is \$61.25 Due by May 1, 2008	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
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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. 2900 N MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431 <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	VSD CRACCHIOLO, ANNITA 2900 N MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cracchiolo, Annita <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. 2900 N MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431 <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	VD James M. Cracchiolo 9051 Florida Mining Blvd. #100 Tampa, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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:  DATE **4.15.08** DAYTIME PHONE # **813-889-8355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR