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

FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90099 014 ****61.25

DOCUMENT # N01000000028 THE DANNEN FOUNDATION, INC.

Mailing Address Principal Place of Business 50033887 5566 BROOKLINE DRIVE 5566 BROOKLINE DRIVE ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 CR2E037 (10/03) Chg-NP 4. FEI Number 59-3727057 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANNEN, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 5566 BROOKLINE DRIVE ORLANDO, FL 32819 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE Change ■ Addition TITLE MULINARE, ANTHONY NAME NAME 230 N WESTMONTE DR SUITE 2200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME DANNEN, CAROLYN NAME 5566 BROOKLINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP n ☐ Delete ☐ Change Addition THLE TITLE DANNEN, DOUGLAS NAME NAME STREET ADDRESS 5566 BROOKLINE DRIVE STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 alternative with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DOUGLAS DANNEN