2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N01000003320 free land have been THE STAINBROOK FAMILY FOUNDATION, INC. 2007 MAY 17 PM 12: 02 SECRETARY OF STAIL TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 2116 CASEY KEY RD. 2116 CASEY KEY RD. NOKOMIS, FL 34275 US NOKOMIS, FL 34275 US 03012007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1102711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEST, JOHN WIII DO NOT WRITE 2 North Tamiamitrail IN THIS SPACE Suite 306 Sarasuta, 71a 34236 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, typed or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. TITLE STAINBROOK, CLARITA JO STREET ADDRESS 2116 CASEY KEY RD. 700103029937 05/22/07--01042--014 **96,25 CITY-ST-ZIP NOKOMIS, FL 34275 TITLE STAINBROOK, JEREMY T NAME STREET ADDRESS 7 PASHA COURT CITY-ST-ZIP NEWFOUNDLAND, NJ 07435 TITLE NAME WATKINS, SARA LOU S STREET ADDRESS 2611 CAMBRIDGE DO NOT WRITE CITY-ST-ZIP WEST LAFAYETTE, IN 47996 IN THIS SPACE TITLE NAME STAINBROOK, JEFFREY K STREET ADDRESS 4785 VALLEY OAK DRIVE CITY-ST-ZIP LOVELAND, CO 80538 TITLE NAME WEST, JOHN W III STREET ADDRESS 720 SOUTH ORANGE AVENUE

12. I hereby certify that the information supplied with this filling does not quality 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 of 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 fixe empowered.

SIGNATURE

Out 10

944-966-153

SARASOTA, FL 34236

CITY-ST-ZIP

TITE E NAME STREET ADDRESS CITY-ST-ZIP