2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

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Entity Name: UNITED STATES CENTRAL COMMAND MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

5038 - 35TH AVENUE NORTH
ST PETERSBURG, FL 337102122 US

New Principal Place of Business:

Current Mailing Address:

5038 - 35TH AVENUE NORTH
ST PETERSBURG, FL 337102122 US

New Mailing Address:

FEI Number: 59-3756501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROUP, DAVID L
5035 - 35TH AVENUE NORTH
ST PETERSBURG, FL 337102122 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCARFONE, ELEANOR L
Address: 10267 SW 71ST COURT
City-St-Zip: OCALA, FL 344767775 US

Title: D ( ) Delete
Name: BAKER, JULIA
Address: 16502 CRANWOOD PLACE
City-St-Zip: TAMPA, FL 336181129 US

Title: D ( ) Delete
Name: TROUP, DAVID L
Address: 5038 -35TH AVENUE
City-St-Zip: ST PETERSBURG, FL 337102122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: SCARFONE, ELEANOR L
Address: 10267 SW 71ST COURT
City-St-Zip: OCALA, FL 344767775 US

Title: D/S (X) Change ( ) Addition
Name: BAKER, JULIA
Address: 16502 CRANWOOD PLACE
City-St-Zip: TAMPA, FL 336181129 US

Title: D/T (X) Change ( ) Addition
Name: TROUP, DAVID L
Address: 5038 -35TH AVENUE
City-St-Zip: ST PETERSBURG, FL 337102122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. TROUP, CPA D/T 03/11/2008

Electronic Signature of Signing Officer or Director — Date