2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # N0100008055 1. Entity Name BASIL J. & MARIE-THERESE ZALOOM FOUNDATION, INC.				0	4-28-2008	90412 050 *	****61.	.25
Principal Place of Business 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408 Mailing Address 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408				# FEDINEN BU COUR		H ac hii ba iah iaihi ach		111 El 1781.
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008 Cr	ng-NP	CR2E037 (1	2/06)	
City & State		City & State		4. FEI Number 23-732943	5			plied For Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired		75 Addi Required	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New R	legistered Agen	đ	
ZALOOM, BASIL J			Name					
	(E SHORE PLACE ALM BEACH, FL 33408		Street Address (Not Acceptable	9)		
	·							
			City			FL	Zip Code)
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both, in	the State of Fig	orida. I am famil	iar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)	<u> </u>	DATE		
SIGNATURE .		9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE lake check parida Departme		
SIGNATURE .	Signature, typed or printed name of registered agent	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Flor	lake check på rida Departme	nt of Sta	ate
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co RECTORS	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flor	lake check pa rida Departme RS AND DIRECT	nt of Sta	ate
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR