

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 01, 2007**  
**Secretary of State**

DOCUMENT# N01000008642

**Entity Name:** OSCAR THOMAS FOUNDATION, INC.**Current Principal Place of Business:**16300 NE 19TH AVENUE STE 215  
NORTH MIAMI BEACH, FL 33162**New Principal Place of Business:****Current Mailing Address:**PO BOX 821431  
S FLORIDA, FL 33082**New Mailing Address:****FEI Number:** 04-3617246**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LAWRENCE, MICHAEL  
16300 NE 19TH AVENUE STE 215  
NORTH MIAMI BEACH, FL 33162 US**Name and Address of New Registered Agent:**THOMAS, Nanci  
16300 NE 19TH AVENUE STE 215  
NORTH MIAMI BEACH, FL 33162 US

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: Nanci THOMAS

07/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** LAWRENCE, MICHAEL  
**Address:** 16300 NE 19 AVE STE 215  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162**Title:** D (X) Delete  
**Name:** THOMAS, Nanci  
**Address:** 16300 NE 19 AVE STE 215  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** THOMAS, Nanci  
**Address:** 16300 NE 19 AVE STE 215  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: Nanci THOMAS

D

07/01/2007

Electronic Signature of Signing Officer or Director

Date