



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # N02000002743	
1. Entity Name ROTARY FUTURES PROGRAM, INC.	

Principal Place of Business 1 INDIAN AVENUE VENICE, FL 34285	Mailing Address 1 INDIAN AVENUE VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0583160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRITTON, ANDREW J
151 CENTER ROAD
VENICE, FL 34292**

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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 Andrew J. Britton DATE 01-15-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000787402 01/17/08-80080-015 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEDDER, ROBERT 603 FOUR BAYS DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITTON, ANDREW J 430 PALMETTO CRESC NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAWKINS, LISA 862 MOHAWK RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Lisa Hawkins Lisa Hawkins 01-15-08 941-485-3699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Treasurer