2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N03000001779

Entity Name: THE ANAPHIEL FOUNDATION, INC.

Current Principal Place of Business:

3841 N. E. 2ND AVENUE
SUITE 400
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

3841 N. E. 2ND AVENUE
SUITE 400
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 20-1020988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAIG ROBINS
3841 N.E. 2ND AVENUE
SUITE 400
MIAMI, FL 33137 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: ROBINS, CRAIG
Address: 3841 N. E. 2ND AVENUE, SUITE 400
City-St-Zip: MIAMI, FL 33137 US

Title: D ( ) Delete
Name: ROSS, DAVID A
Address: 222 PARK AVE SOUTH
City-St-Zip: NEW YORK, NY 10003

Title: D ( ) Delete
Name: CLEARWATER, BONNIE
Address: 5 ISLAND AVE #7C
City-St-Zip: MIAMI BEACH, FL 33161

Title: D ( ) Delete
Name: BALDESSARI, JOHN
Address: 2001 1/2 MAIN STREET
City-St-Zip: SANTA MONICA, CA 90405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CRAIG ROBINS D 04/24/2009

Electronic Signature of Signing Officer or Director — Date