2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N03000009038

Entity Name: CHIERA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4171 WEST HILLSBORO BLVD., STE. 11
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4171 WEST HILLSBORO BLVD., STE. 11
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-0363745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINNER'S AWARD GROUP, INC.
4171 WEST HILLSBORO BLVD., STE. 11
COCONUT CREEK, FL 33073 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: CHIERA, VINCENT A
Address: 2052 SAUSILITO DR.
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete
Name: CHIERA, NICHOLAS JR.
Address: 11814 ISLAND LAKES LANE
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete
Name: CHIERA, LOUIS
Address: 4977 N.W. 96TH DR.
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete
Name: FREY, ROSE A
Address: 1161 WINDING COURT
City-St-Zip: MOHIGAN LAKE, NY 10547

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: MARGIE HOFMEISTER CONT 04/15/2009

Electronic Signature of Signing Officer or Director — Date