2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N03000009429

Entity Name: DAVID R. MARKIN FOUNDATION, INC.

Current Principal Place of Business:

70 BLOSSOM WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

70 BLOSSOM WAY
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-0363110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHEPPS, MITCHELL D ESQ.
777 S FLAGLER DRIVE, STE. 600E
WEST PALM BEACH, FL 33401 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:	PTSD	( ) Delete
Name:	MARKIN, DAVID R	
Address:	70 BLOSSOM WAY	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	(X) Delete
Name:	MARKIN, JOHN	
Address:	1030 NORTH STATE STREET, #30L	
City-St-Zip:	CHICAGO, IL 60610	
Title:	D	( ) Delete
Name:	MARKIN, CHRISTOPHER	
Address:	2016 NORTH PITCHER STREET	
City-St-Zip:	KALAMAZOO, MI 49007	
Title:	D	( ) Delete
Name:	MARKIN, MEREDITH	
Address:	303 WEST 21ST STREET, #14D	
City-St-Zip:	NEW YORK, NY 10011	
Title:	D	( ) Delete
Name:	KAMENSTEIN MARKIN, TRACY	
Address:	70 BLOSSOM WAY	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	(X) Delete
Name:	MARKIN, JUSTIN	
Address:	232 WHITCOMB STREET	
City-St-Zip:	KALAMAZOO, MI 49001	

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:	
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: DAVID R MARKIN PTSD 05/01/2007

Electronic Signature of Signing Officer or Director — Date