2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010490

Entity Name: PAPILIO FOUNDATION, INC.

FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
POST OFFICE BOX 3741	845 SOUTH SCHOOL AVENUE

SARASOTA, FL 34230 SARASOTA, FL 34237

Current Mailing Address:POST OFFICE BOX 3741
SARASOTA, FL 34230

FEI Number: 33-1075988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MASON, LINDA J CPA 4428 SANIBEL WAY BRADENTON, FL 34203 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:

Clarkeria Cinnakura of Davietanad Araut

New Mailing Address:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 LABRIOLA, MARIE
 Name:
 KANNER, JOSEPH

 Address:
 1630 HYDE PARK STREET
 Address:
 4675 STONEBRIDGE TRAIL

 City-St-Zip:
 SARASOTA, FL 34239
 SARASOTA, FL 34232

Title: V () Delete Title: V (X) Change () Addition Name: SHIFFMAN, ADAM Name: SHIFFMAN, ADAM

 Address:
 1500 BAY VIEW DRIVE
 Address:
 2346 BAHIA VISTA STREET

 City-St-Zip:
 SARASOTA, FL 34239
 City-St-Zip:
 SARASOTA, FL 34239

Title: S () Delete Title: S (X) Change () Addition
Name: STEWART, DAN Name: ROBERTSON, BRUCE
Address: 1403 MACKERAL AVENUE
Address: 2066 URBER TANCEL O DRIVE

Address: 1603 MACKERAL AVENUE Address: 2956 UPPER TANGELO DRIVE City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34239

Title: T () Delete Title: () Change () Addition

 Name:
 MASON, LINDA CPA
 Name:

 Address:
 4428 SANIBEL WAY
 Address:

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA MASON T 03/29/2007