2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jun 27, 2005 8:00 am Secretary of State 06-27-2005 90002 005 ****70.00

1. Entity Name	MENT # N0400000 OUNDATION INC.	0425			06-27-2005	90002 005 ****70	0.00	
Principal Place 330 SE 20TH DEERFIELD 8		Mailing Address 330 SE 20TH AVE DEERFIELD BEACH, FL	33441			500537	96	
9880	lace of Bysiness HARINA BIND	3. Mailing Address 9880 MAR/NA	Blus		OBIN BIBN BTÍN BINN BTI	30 14 50 0 		
Suite, Apt. 1535	#, etc.	Suite, Apt. #, etc.		05032005	Chg-NP	CR2E037 (10/03)		
City & State		City & State	r)	4. FEI Numbe	a rada		plied For	
BOCA 1	Country	BOCA RATONA	Country	1	96949	No	t Applicable	
3 342	28 USA _	33/28	USA	5. Certificate	of Status Desired	Fee Require		
	6. Name and Address of Curren	t Registered Agent	Name (Address of New R	egistered Agent		
TYLOR, SOFEA			\	JOFEA 14/OR				
330 SE 20TH AVE DEERFIELD BEACH, FL 33441			Street Ad	Idress (P.O. Box Numb PO MAR/NA	er is Not Acceptable	"Suit€ 1531	'	
			City	75		FL Zip Cod	, , ,	
8. The above	named entity submits this statement t	for the purpose of changing its		CA KATON registered agent, or bo	th, in the State of Flo			
	ions of registered agent.						•	
SIGNATURE .	Sofer Sofe	EA TYLOR X	lofea !	ylor	6	-23-05		
	Signature, typid or printer hame of registered ages	nt and title if applicable. / (NOTE:	Registered Agent Signate	required when reinstating)		DATE		
/	Filling Fee is \$61.25 ue by September 7, 2005		paign Financing	\$5.00 May E Added to Fees	, ,	DATE ake check payable to ida Department of St		
D ₁	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND D	9. Election Carm Trust Fund Co	paign Financing ontribution.	\$5.00 May B Added to Fees ADDITIONS/CH	Flor	ida Department of St	ate	
10.	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND D	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May B Added to Fees ADDITIONS/CH DPST	ANGES TO OFFICE	ida Department of St	iate	
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r nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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.