

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004044

FILED  
May 04, 2007  
Secretary of State

Entity Name: FOUNDATION OF TRUTH CORP

## Current Principal Place of Business:

3515 VILLAGE BLVD.  
SUITE 205  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

## Current Mailing Address:

3515 VILLAGE BLVD.  
SUITE 205  
WEST PALM BEACH, FL 33409

## New Mailing Address:

FEI Number: 20-1032734      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:

## Name and Address of New Registered Agent:

MATTHEWS, JAMES  
3515 VILLAGE BLVD.  
SUITE 205  
WEST PALM BEACH, FL 33409 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: MORELLI, ANTONIO  
Address: P.O. BOX 455  
City-St-Zip: KATHLEEN, FL 33849

Title: DT ( ) Delete  
Name: MATTHEWS, JAMES  
Address: 3515 VILLAGE BLVD. #205  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DS ( ) Delete  
Name: RIVERA, RAYMOND  
Address: 12345 SW 151 STREET APT 209  
City-St-Zip: MIAMI, FL 33186

## 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:

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: JAMES MATTHEWS

DT

05/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date