

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004044

FILED
Apr 30, 2008
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 ()

Name and Address of Current Registered Agent:

MATTHEWS, JAMES
3515 VILLAGE BLVD.
SUITE 205
WEST PALM BEACH, FL 33409 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: 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 (X) Delete
Name: RIVERA, RAYMOND
Address: 12345 SW 151 STREET APT 209
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

DVT

04/30/2008

Electronic Signature of Signing Officer or Director

Date