


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004877 1. Entity Name THE STEVEN FRAGER FOUNDATION, INC.	
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Principal Place of Business 1500 NW 10TH AVE SUITE 203 BOCA RATON, FL 33486	Mailing Address 1500 NW 10TH AVE SUITE 203 BOCA RATON, FL 33486
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02292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1160321	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BELSON, STEVEN A ESQ
 2500 N MILITARY TRAIL
 SUITE 465
 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000947229
 06/02/08-80006-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAGER, NANCY E 1500 NW 10TH AVE SUITE 203 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERZIA-WHETSTONE, GAIL 2101 NW CORPORATE BLVD SUITE 203 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAGER, MARC 1500 NW 10TH AVE SUITE 203 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Frager* X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____