2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005009

FILED Apr 24, 2007 Secretary of State

Entity Na	ame: THE DAV	VID LAMM FOUNDATION, INC		
Current Principal Place of Business:			New Principal Place o	f Business:
	MONUMENT F NVILLE, FL 322			
Current Mailing Address:			New Mailing Address:	:
	MONUMENT F NVILLE, FL 322			
FEI Numbe	r: 20-1143606	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of	New Registered Agent:
1301 RIVE	, CHARLES R . ERPLACE BLV NVILLE, FL 322	D., SUITE 1500		
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATU	JRE:			
	Electro	nic Signature of Registered Age	ent	
OFFICERS AND DIRECTORS:			SIIL	Date
	RS AND DIREC	TORS:		Date S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D (LAMM, DAVID 4251-802 MON) Delete IUMENT RD.	ADDITIONS/CHANGE	
Name: Address:	D (LAMM, DAVID 4251-802 MON JACKSONVILL D (PULLEN, GENI 4251-802 MON) Delete JUMENT RD. E, FL 32225) Delete E JUMENT RD.	ADDITIONS/CHANGE: Title: (Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:
Name: Address: City-St-Zip: Title: Name: Address:	D (LAMM, DAVID 4251-802 MON JACKSONVILL D (PULLEN, GENI 4251-802 MON JACKSONVILL D (KUHN, BOB 4251-802 MON) Delete NUMENT RD. E, FL 32225) Delete E NUMENT RD. E, FL 32225) Delete NUMENT RD.	ADDITIONS/CHANGE: Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:) Change () Addition

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: BOB KUHN D 04/24/2007