2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2006
Secretary of State

DOCUMENT# N04000006470

Entity Name: THE SUNDARI FOUNDATION, INC.

Current Principal Place of Business:

161 MADEIRA AVE
SUITE 89
CORAL GABLES, FL 33134

New Principal Place of Business:

217 NW 15TH STREET
MIAMI, FL 33136

Current Mailing Address:

161 MADEIRA AVE
SUITE 89
CORAL GABLES, FL 33134

New Mailing Address:

217 NW 15TH STREET
MIAMI, FL 33136

FEI Number: 81-0652266 **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:

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE STE 2800
MIAMI, FL 33131 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: P ( ) Delete
Name: COLLINS, CONSTANTINE
Address: 217 NW 15TH STREET
City-St-Zip: MIAMI, FL 33136

Title: VP ( ) Delete
Name: HARSCH, BURTON
Address: C/O HWC ARCHITECTS, 300 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Delete
Name: MORRISON, ROBIN
Address: 161 MADEIRA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: TS ( ) Delete
Name: JONES, MARY J
Address: C/O VIA MANAGEMENT, 1111 LINCOLN RD #802
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COLLINS, CONSTANCE
Address: 217 NW 15TH STREET
City-St-Zip: MIAMI, FL 33136

Title: VP (X) Change ( ) Addition
Name: HERSH, BURTON
Address: C/O HVC ARCHITECTS, 300 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change ( ) Addition
Name: JONES, MARY J
Address: C/O VIA MANAGEMENT, 1111 LINCOLN RD #760
City-St-Zip: MIAMI BEACH, FL 33139

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: CONSTANCE COLLINS PRES 06/04/2006

Electronic Signature of Signing Officer or Director — Date