

FILED
Apr 19, 2007 8:00 am
Secretary of State

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DOCUMENT # N04000009308

1. Entity Name

AMERICAN IDEALS FOUNDATION, INC.

Principal Place of Business

1414 33RD ST. SE
RUSKIN FL 33570

Mailing Address

1414 33RD ST. SE
RUSKIN FL 33570

2. Principal Place of Business - No P.O. Box #

1414 33RD ST SE

Suite, Apt. #, etc.

City & State

Ruskin, FL

Zip

33570

Country

US

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. FEI Number

55-0885987

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E037 (10/06)

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOFFA, ROBERT A
1414 33RD ST. SE
RUSKIN FL 33570

7. Name and Address of New Registered Agent

Name

Robert A Moffa

Street Address (P.O. Box Number is Not Acceptable)

Same

City

FL

Zip Code

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

Robert A. Moffa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.

5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

D

NAME

MOFFA, ROBERT A

STREET ADDRESS

1414 33RD ST. SE

CITY - ST - ZIP

RUSKIN FL 33570

TITLE

D

NAME

MOFFA, MERCEDES A

STREET ADDRESS

1414 33RD ST. SE

CITY - ST - ZIP

RUSKIN FL 33570

TITLE

D

NAME

BRADBURN, MARY R

STREET ADDRESS

11402 TUCKER RD.

CITY - ST - ZIP

RIVERVIEW FL 33569

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Robert A. Moffa

March 31, 2007

813 641 2513

Signature and typed or printed name of signing officer or director

Date

Anytime Phone #