2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # N0400011224 1. Entity Name OUR FALLEN HEROES FOUNDATION, INC.							04-26-200	06 90193	011 ****6	1.25	
Principal Plac 521 W CENTI WINTER HAV		Mailing Address 521 W CENTRAL AV WINTER HAVEN, FL		US		1 1871 41 81	EBIN BIBN BTN BTN	20 4 81 1 4 81		TINN TI KTO	
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	04172006	Chg-NP	CR2E	037 (11/05)		
City & Stat	е	City & State				4. FEI Numbe 20-196			 	oplied For ot Applicable	
Zip	Country	Zip	Cou	untry		5. Certificate	of Status Desire	ed 🗌	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		l		7. Name and	Address of Ne	w Registere	d Agent		
	MARK G IOLIA AVENUE IAVEN, FL 33880			Street Ac	ddress (P	O. Box Numbe	er is Not Accept	able)			
!	,			City				F	■ Zip Cod	le	
<u> </u>				<u> </u>							
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, typed or printed name of registered agent and little of applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or printed name of registered agen	t and title if applicable. (I	NOTE: Registere	ed Agent signatu	are required v	when reinstating)		DATE	: 		
	Filling Fee is \$61.25 Due by May 1, 2006	9. Election		inancing		\$5.00 May Bounded to Fees	е	Make che	ck payable t		
10.	Filing Fee is \$61.25	9. Election of Trust Fur	Campaign F	inancing		\$5.00 May B		Make che Florida Dep	ck payable t artment of S	tate	
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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: POLOTICIA WELLS	april 21, 2006	863-294-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #