

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 10, 2007**  
**Secretary of State**

DOCUMENT# N04000012078

**Entity Name:** RE LAMIS CROWN FOUNDATION, INC.**Current Principal Place of Business:**2 NORTH BREAKERS ROW, SUITE S24  
PALM BEACH, FL 33480**New Principal Place of Business:****Current Mailing Address:**2 NORTH BREAKERS ROW, SUITE S24  
PALM BEACH, FL 33480**New Mailing Address:****FEI Number:** 20-2067790**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**BNR PARTNERS, LLC  
20 NORTH WACKER DRIVE, SUITE 1300  
CHICAGO, IL, FL 60606 US

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: ALLEN C. BERG

04/10/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BLOCK, ELLEN H  
Address: 2 NORTH BREAKERS ROW, SUITE S24  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: BLOCK, LAURIE A  
Address: 2 NORTH BREAKERS ROW, SUITE S24  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: BLOCK, MICHAEL H  
Address: 2 NORTH BREAKERS ROW, SUITE S24  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: BLOCK CASDIN, SUSAN S  
Address: 2 NORTH BREAKERS ROW, SUITE S24  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: ELLEN H. BLOCK

D

04/10/2007

Electronic Signature of Signing Officer or Director

Date