2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012103

FILED Apr 29, 2008 Secretary of State

Entity Name: THE BARDARO CHARITIES FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2399 NW 24TH STREET C/O FOUNDATION SOURCE BOCA RATON, FL 33434 501 SILVERSIDE ROAD, SUITE 123

WILMINGTON, DE 19809

Current Mailing Address: New Mailing Address:

2399 NW 24TH STREET C/O FOUNDATION SOURCE BOCA RATON, FL 33434 501 SILVERSIDE ROAD, SUITE 123

WILMINGTON, DE 19809

FEI Number: 20-2057509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONOFF, CRAIG 6100 GLADES ROAD SUITE 204 BOCA RATON, FL 33434 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: BARDARO, ANTHONY J Name: BARDARO, ANTHONY J

 Name:
 BANDARO, ANTIONT 3

 Address:
 2399 NW 24TH STREET

 City-St-Zip:
 BOCA RATON, FL 33434

 City-St-Zip:
 BOCA RATON, FL 33434

Title: VD () Delete Title: O/D (X) Change () Addition Name: BARDARO, DOROTHY Name: BARDARO, DOROTHY

 Name
 BARDARO, BOROTHY
 Name
 BARDARO, BOROTHY

 Address:
 2399 NW 24TH STREET
 Address:
 2399 NW 24TH STREET

 City-St-Zip:
 BOCA RATON, FL 33434
 City-St-Zip:
 BOCA RATON, FL 33434

Title: () Delete Title: O/D (X) Change () Addition SEALDFERI, CATHERINE Name: SCALDEFERRI, CATHERINE Name: Address: 2399 NW 24TH STREET Address: 2399 NW 24TH STREET City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify 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: CHANA SPIELMAN ADM 04/29/2008