2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000012103

Entity Name: THE BARDARO CHARITIES FOUNDATION, INC.

Current Principal Place of Business:

C/O FOUNDATION SOURCE
501 SILVERSIDE ROAD, SUITE 123
WILMINGTON, DE 19809

New Principal Place of Business:

C/O ANTHONY J. BARDARO
2399 NW 24TH STREET
BOCA RATON, FL 33424

Current Mailing Address:

C/O FOUNDATION SOURCE
501 SILVERSIDE ROAD, SUITE 123
WILMINGTON, DE 19809

New Mailing Address:

C/O ANTHONY J. BARDARO
2399 NW 24TH STREET
BOCA RATON, FL 33424

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

Name and Address of Current Registered Agent:

DONOFF, CRAIG
6100 GLADES ROAD
SUITE 204
BOCA RATON, FL 33434 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: BARDARO, ANTHONY J
Address: 2399 NW 24TH STREET
City-St-Zip: BOCA RATON, FL 33434

Title: O/D ( ) Delete
Name: BARDARO, DOROTHY
Address: 2399 NW 24TH STREET
City-St-Zip: BOCA RATON, FL 33434

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

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:

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 04/30/2009

Electronic Signature of Signing Officer or Director — Date