


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90190 026 \*\*\*\*61.25

<b>DOCUMENT # N05000001818</b>	
<b>1. Entity Name</b> THE DORI SLOSBERG FOUNDATION, INC.	

<b>Principal Place of Business</b> 7040 WEST PALMETTO PARK ROAD NO. 4-215 BOCA RATON, FL 33433	<b>Mailing Address</b> 7040 WEST PALMETTO PARK ROAD NO. 4-215 BOCA RATON, FL 33433
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



04222007 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b> 81-0664148	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
HERRON, MARK ESQ. 2618 CENTENNIAL PLACE TALLAHASSEE, FL 32308	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SLOSBERG, IRVING		<b>NAME</b>	
<b>STREET ADDRESS</b> 7040 WEST PALMETTO PARK ROAD NO. 4-215		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SLOSBERG, SYLVIA		<b>NAME</b>	
<b>STREET ADDRESS</b> 7040 WEST PALMETTO PARK ROAD NO. 4-215		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> STD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SLOSBERG, EVGENYIA		<b>NAME</b> FEDORE, DONNA	
<b>STREET ADDRESS</b> 7040 WEST PALMETTO PARK ROAD NO. 4-215		<b>STREET ADDRESS</b> 7040 WEST PALMETTO PK RD STE 4-215	
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433		<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ZELLMAN, GLEN DR		<b>NAME</b>	
<b>STREET ADDRESS</b> 7301 NORTH UNIVERSITY DRIVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> TAMARAC, FL 33321		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WALLSHEIN, JAY DR		<b>NAME</b>	
<b>STREET ADDRESS</b> 109-A JFK DRIVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> ATLANTIS, FL 33462		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SLOSBERG, EMILY		<b>NAME</b>	
<b>STREET ADDRESS</b> 7040 WEST PALMETTO PARK ROAD, STE 4-215		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433		<b>CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ *IRV SLOSBERG* **4-23-07** **561-488-7900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #