

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002174

FILED
Sep 06, 2006
Secretary of State

Entity Name: AMERILEX FOUNDATION CORP.

Current Principal Place of Business:

5623 US 19, STE. 201
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5623 US 19, STE. 201
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-2432827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FIEBE, LUISA
5623 US 19, STE. 201
NEW PORT RICHEY, FL 34652 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: D () Delete
Name: BRENNER, IAN ALAN JR.
Address: 215 CELEBRATION PLACE, STE. 500
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: HALLIHAN, JAMES A.
Address: 4 LYNCREST DR.
City-St-Zip: PARAMUS, NJ 07652

Title: D () Delete
Name: GALLAGHER, CRAIG
Address: 5623 US 19, STE. 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: FIEBE, CRAIG
Address: 5623 US 19, STE. 201
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CRAIG GALLAGHER

D

09/06/2006

Electronic Signature of Signing Officer or Director

Date