2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N05000003684

Entity Name: MASTERPIECE ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

3801 PGA BLVD - UNIT 805
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3801 PGA BLVD - UNIT 805
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-2661285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDRY, LAWRENCE L
3801 PGA BLVD - UNIT 805
PALM BEACH GARDENS, FL 33410 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:	PD	( ) Delete
Name:	LANDRY, ROGER MD,MPH	
Address:	120 UPPER DEMUNDS RD	
City-St-Zip:	DALLAS, PA 18612	
Title:	D	( ) Delete
Name:	KAHN, ROBERT PH D	
Address:	% UNIVERSITY OF MI - P O BOX 12348	
City-St-Zip:	ANN ARBOR, MI 48106	
Title:	CD	( ) Delete
Name:	LANDRY, LAWRENCE L	
Address:	%WESTPORT ADVISORS - 3801 PGA BLVD-STE 805	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	ST	( ) Delete
Name:	ROSSER, SUSAN	
Address:	%WESTPORT ADVISORS - 3801 PGA BLVD-STE 805	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

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 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: LAWRENCE L LANDRY PD 01/16/2009

Electronic Signature of Signing Officer or Director — Date