


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

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000004931</b>	
1. Entity Name <b>MY BROTHER'S/SISTER'S KEEPER CHARITABLE TRUST, INC.</b>	

Principal Place of Business <b>675 ROYAL PALM BEACH BLVD.          ROYAL PALM BEACH, FL 33411 US</b>	Mailing Address <b>675 ROYAL PALM BEACH BLVD.          ROYAL PALM BEACH, FL 33411 US</b>
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>30-0342153</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SANTAMARIA, JESS R  
 675 ROYAL PALM BEACH BLVD.  
 ROYAL PALM BEACH, FL 33411**

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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 reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTAMARIA, JESS R 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTAMARIA, VICTORIA 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTOPHER, SANTAMARIA 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
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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:**  **02/01/07 (561) 793-2350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #