2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007439

Entity Name: DEPONTE FOUNDATION, INC.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8671 NW 28TH PLACE SUNRISE, FL 33322

Current Mailing Address: New Mailing Address:

8671 NW 28TH PLACE SUNRISE, FL 33322

FEI Number: 06-1216118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DEPONTE, RALPH DEPONTE, RALPH Name: Name: Address:

339 EASTERN STREET APT B-229 Address: 339 EASTERN STREET APT B-219

City-St-Zip: NEW HAVEN, CT 06513 City-St-Zip: NEW HAVEN, CT 06513

(X) Change () Addition Title: **PCEO** () Delete Title: **PCEO**

Name: DEPONTE, RALPH Name: DEPONTE, RALPH Address: 339 EASTERN STREET APT B-229 Address: 339 EASTERN STREET APT B-219

City-St-Zip: NEW HAVEN, CT 06513 City-St-Zip: NEW HAVEN, CT 06513

Title: () Delete Title: (X) Change () Addition

YALLEY, JOSEPH Name: YALLEY, JOSEPH Name:

339 EASTERN STREET APT B-229 339 EASTERN STREET APT B-219 Address: Address:

City-St-Zip: NEW HAVEN, CT 06513 City-St-Zip: NEW HAVEN, CT 06513

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: RALPH DEPONTE **PCEO** 01/09/2007