2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009044

Address:

City-St-Zip:

10526 SABELLA DR

TRINITY, FL 34655

THE DALL ANTE COLINDATION INC

FILED Apr 30, 2009 Secretary of State

Entity Nai	me: THE PAL	LANTE FOUNDATION INC			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
6699 90TH AVE N PINELLAS PARK, FL 33782				3152 LITTLE ROAD	
			403 TRINITY, FL 34655		
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
3152 LITTLE RD				3152 LITTLE ROAD	
#403 TRINITY, FL 34655			403 TRINITY, FL 34655		
	: 06-1755902	FEI Number Applied For()	FEI Number Not Applicable (
Name and	Adduses of C	Normant Danistoned Asserts	Name and Addre	and at Navy Danistanad Assauts	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
3110 ALTE	ROBERT D ERNATE 19 RBOR, FL 346	83 US			
	named entity s e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both,	
SIGNATU					
	Electror	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	PALLANTE, CH		Name:		
Address:	6699 90TH AVE		Address:		
City-St-Zip:	PINELLAS PAR	K, FL 33782	City-St-Zip:		
Title:	V ()	Delete	Title:	() Change () Addition	
Name:	CHRISTOPHER		Name:	(,3 - (,	
Address:	6699 90TH AVE		Address:		
City-St-Zip:	PINELLAS PAR	K, FL 33782	City-St-Zip:		
Title:	P ()	Delete	Title:	() Change () Addition	
Name:	POLLENTE, CH		Name:	, , ,	
Address:	3152 LITTLE R	D #403	Address:		
City-St-Zip:	TRINITY, FL 34	1655	City-St-Zip:		
Title:	S ()	Delete	Title:	() Change () Addition	
Name:	STODDARD, M	ELISSA	Name:		

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.

Address:

City-St-Zip:

04/30/2009 SIGNATURE: CHRISTOPHER PALLANTE D