2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N05000010123

Entity Name: THE TARAS OCEANOGRAPHIC FOUNDATION, INC.

Current Principal Place of Business:

5905 STONEWOOD CT
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

5905 STONEWOOD CT
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-1052460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARZEN, STEFAN DR
5905 STONEWOOD CT
JUPITER, FL 33458 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: TS ( ) Delete
Name: HARZEN DR, STEFAN CHAIRMA
Address: 5905 STONEWOOD CT
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: BRUNNICK, BARBARA PH D
Address: 5905 STONEWOOD CT
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: BOUKERROU, LAKHDAR
Address: 5905 STONEWOOD CT
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: WOOD, LARRY
Address: 5905 STONEWOOD CT
City-St-Zip: JUPITER, FL 33458

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BUHLER, DIANE
Address: 5905 STONEWOOD CT
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: ECKERLE, CONNIE
Address: 5905 STONEWOOD CT
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Change (X) Addition
Name: SEGERS, JOYCE
Address: 5905 STONEWOOD CT
City-St-Zip: JUPITER, FL 33458

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: STEFAN HARZEN TS 01/04/2007

Electronic Signature of Signing Officer or Director — Date