2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N05000012949

1 Entity Name

INTERNATIONAL FOUNDATION TO SUPPORT HUMANITATION PROJECTS INC



FILED
May 03, 2007 08:00 A
Secretary of State

Principal Place of Business

6241 POINTE REGAL CIRCLE, 406 DELRAY BEACH, FL 33484 Mailing Address

6241 POINTE REGAL CIRCLE, 406 DELRAY BEACH, FL 33484



04262007 No Chg-NP

CR2E037 (4/06)

| 4. FEI Number | | | | Applied For |
|-------------------------|------------|--|-----------------------------------|----------------|
| 91-2106651 | | | | Not Applicable |
| 5. Certificate of State | us Desired | | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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|--|---|---|----------------------|--------------------------------|---|--|
| | named entity submits this statement for the pions of registered agent. | ourpose of changing its registere | ed office or reg | istered agent, or bo | th, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | if applicable (NOTE: Registered | d Agent signature re | quired when reinstating) | DATE | |
| - | Filing Fee is \$61.25 Due by May 1, 2007 | Election Campaign Finant Trust Fund Contribution. | icing | \$5.00 May Be Added to Fees | 000000760931 05/25/07-80034-021 61.25 | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PD BERNSTEIN, STANLEY R 6241 POINTE REGAL CIRCLE, 406 DELRAY BEACH, FL 33484 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DONATUCCI, JOSEPH N 6241 POINTE REGAL CIRCLE, 406 DELRAY BEACH, FL 33484 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HAMPTON, MICHAEL 6241 POINTE REGAL CIRCLE, 406 DELRAY BEACH, FL 33484 | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROBBINS, THOMAS 6241 POINTE REGAL CIRCLE, 406 DELRAY BEACH, FL 33484 | | | IN : | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | , , | | |
| 12. I hereby certify that the information supplied with this filling 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. | | | | | | |