


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N06000001404	
1. Entity Name THE 30A FOUNDATION, INC.	

Principal Place of Business 90 SPIRES LANE SUITE 7-A SANTA ROSA BEACH, FL 32459	Mailing Address 90 SPIRES LANE SUITE 7-A SANTA ROSA BEACH, FL 32459
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DO NOT WRITE IN THIS SPACE



02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 32-0038282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WIDMAN, SHANNON L
56 SPIRES LANE
16A
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANNERMAN, CLAIRE 90 SPIRES LANE, SUITE 7-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KITAHARA, VICKI 90 SPIRES LANE, SUITE 7-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNAUER, CLIFF 5365 SCENIC HWY 30-A, SUITE 102 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITTLE, KEN 312 COLLEGE AVENUE, UNIT B DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000866694
04/08/08-80039-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Victoria Kitahara VICTORIA KITAHARA 2/22/08 850-622-3059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone