2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005539

Entity Name: THE REGGAEFUSION FOUNDATION, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2565 NW 207TH STREET STE 128				891 NW 2 ⁻ SUITE 105	13TH TERRA	ACE .	
MIAMI GARDENS, FL 33056				NORTH MIAMI, FL 33169			
Current Mailing Address:				New Mailing Address:			
2565 NW 207TH STREET STE 128 MIAMI GARDENS, FL 33056				891 NW 213TH TERRACE SUITE 105 NORTH MIAMI, FL 33169			
FEI Number: 20-5051074 FEI Number Applied For ()			FEI Nun	FEI Number Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
8875 HIDE STE 300	INCORPORAT DEN RIVER PK FL 33637 US						
	e named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered	l office or registered agent, or both,	
SIGNATU							
	Electron	nic Signature of Registered Ag	ent			Date	
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () Delete OGILVIE, DON 2565 NW 207TH ST #128 MIAMI, FL 330565226			Title: Name: Address: City-St-Zip:	Name: OGILVIE, DON Address: 891 NW 213TH TERRACE		
Title: Name: Address: City-St-Zip:	VPD (OGILVIE, SEAI 1231 NW 125T SUNRISE, FL	H TERRACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLIAMS, JEI 119 WOODLAN	Delete NNIFER ID DRIVE, PO BOX 11204 APO Y, GRAND CAYMAN, OC		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DANIEL-FIDEL 1830 SOUTH T	•		Title: Name: Address: City-St-Zip:	ne: ress:		
Title: Name: Address: City-St-Zip:	LYN, SANDRA 64 BRIARHALL	Delete CRESCENT TARIO L6C 2C9. CA		Title: Name: Address: City-St-Zip:		()Change ()Addition	

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.

SIGNATURE: DON OGILVIE PD 04/28/2008