2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008246

Entity Name: SHAUN ADAMS FOUNDATION, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1416 NEW YORK AVE. 1416 NEW YORK AVE

LYNN HAVEN, FL 32444 US

Current Mailing Address: New Mailing Address:

1416 NEW YORK AVE. 2310 S. HWY. 77 A STE 110 PMB 157

LYNN HAVEN, FL 32444 US

FEI Number: 71-1010463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, ANTHONY T

1312 BUENA VISTA

PANAMA CITY, FL 32401 US

WILLIAMS, ANTHONY T

1416 NEW YORK AVE APT A

LYNN HAVEN, FL 32444 US

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: 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 SHAUN, ADAMS W SR.
 Name:
 SHAUN, ADAMS W

 Address:
 1416 NEW YORK AVE.
 Address:
 1416 NEW YORK AVE.APT A

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:
 LYNN HAVEN, FL 32444 US

Title: VP () Delete Title: VP (X) Change () Addition Name: WILLIAMS, ANTHONY T Name: WILLIAMS, ANTHONY T

Address: 1312 BUENA VISTA BLVD. Address: 1416 NEW YORK AVE APT A
City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: LYNN HAVEN, FL 32444 US

Title: TRES () Delete Title: TRES (X) Change () Addition

 Name:
 LAVERNE BALDWIN,
 Name:
 ROBERT PAXTON,

 Address:
 1709 LOUSIANA AVE
 Address:
 1310 S INVERNESS RD

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 LYNN HAVEN, FL 32444 US

Title: SOA () Delete Title: SEC (X) Change () Addition

 Name:
 THOMAS CLAYTON BAZZE, L
 Name:
 GRAHAM SHAW,

 Address:
 1405 BUENA VISTA BLVD.
 Address:
 2101 SHAMROCK LANE

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:
 LYNN HAVEN, FL 32444

Title: OFF () Delete Title: OFF (X) Change () Addition

 Name:
 JAMES CLUANCH,
 Name:
 AMANDA BAKER,

 Address:
 232 LAKERIDGE DR.
 Address:
 1532 OAK AVE. APT A

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:
 PANAMA CITY, FL 32405

Title: OFF () Delete Title: OFF (X) Change () Addition

Name: JIMMY MCNEIL, Name: AMIR LIZARRAGA, Address: 1209 MARTIN LUTHER KING JR. BLVD Address: 101 HERITAGR CR.

City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY BEACH, FL 32407 US

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: SHAUN ADAMS PRES 04/30/2007