2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013129

Entity Name: THE SMEDLEY FOUNDATION, INC.

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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804 HAWSBILL ISLAND DR. 804 HAWKSBILL ISLAND DR. SATELLITE BCH, FL 32937 SATELLITE BCH, FL 32937

Current Mailing Address: New Mailing Address:

804 HAWSBILL ISLAND DR. 804 HAWKSBILL ISLAND DR. SATELLITE BCH, FL 32937 SATELLITE BCH, FL 32937

FEI Number: 20-8396252 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:

SMEDLEY, BERNARD R
804 HAWSBILL ISLAND DR.
SATELLITE BCH, FL 32937 US
SMEDLEY, BERNARD R
804 HAWKSBILL ISLAND DR.
SATELLITE BCH, FL 32937 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: BERNARD R. SMEDLEY 04/18/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:SMEDLEY, BERNARD RName:SMEDLEY, BERNARD RAddress:804 HAWSBILL ISLAND DR.Address:804 HAWKSBILL ISLAND DR.City-St-Zip:SATELLITE BCH, FL 32937City-St-Zip:SATELLITE BCH, FL 32937

Title: VD () Delete Title: () Change () Addition

 Name:
 SMEDLEY, SUSAN
 Name:

 Address:
 6237 DAY LILY PLACE
 Address:

 City-St-Zip:
 FITCHBURG, WI 53711
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 GLOMBICKI, CHERYL S
 Name:

 Address:
 503 REGAN DR.
 Address:

 City-St-Zip:
 E. DUNDEE, IL 60118
 City-St-Zip:

 Name:
 MAZZOCCHI, DENISE S
 Name:

 Address:
 50 PARKVIEW LANE
 Address:

 City-St-Zip:
 HAWTHORNE WOODS, FL 60047
 City-St-Zip:

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: BERNARD R. SMEDLEY PRES 04/18/2007