2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002254

Entity Name: SHITOWA FOUNDATION, INC.

FILED Apr 30, 2008 Secretary of State

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

4470 PORTOFINO WAY #211 WEST PALM BEACH, FL 33409

Current Mailing Address: New Mailing Address:

4470 PORTOFINO WAY #211 WEST PALM BEACH, FL 33409

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

ZELLER, RONALD J ESQ.

% TRUMP PLAZA OFFICE CENTER

525 SOUTH FLAGLER DRIVE, SUITE 200
WEST PALM BEACH, FL 33401 US

ZELLER, RONALD J ESQ.
TRUMP PLAZA OFFICE CENTER

525 SOUTH FLAGLER DRIVE, SUITE 200
WEST PALM BEACH, FL 33401 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: RONALD J. ZELLER, ESQ. 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ORLANDO, FL 32829

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete NGOIE, KALEBA H Name: Name: 4470 PORTOFINO WAY #211 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KASONGO, JEAN-CLAUDE Name: Address: 4470 PORTOFINO WAY #211 Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: () Delete Title: () Change () Addition ROHENA, PATRICIA R Name: Name: 2721 SPIVEY LANE Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: TD () Delete Title: () Change () Addition NGOY, JEAN-MARIE Name: Name: Address: 5985 LAKE MELROSE DRIVE Address:

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.

City-St-Zip:

SIGNATURE: KALEBA H. NGOIE PD 04/30/2008