2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N07000002254

Entity Name: SHITOWA FOUNDATION, INC.

Current Principal Place of Business:

4470 PORTOFINO WAY #211
WEST PALM BEACH, FL 33409

New Principal Place of Business:

701 BRICKELL AVE
1550
MIAMI, FL 33131

Current Mailing Address:

4470 PORTOFINO WAY #211
WEST PALM BEACH, FL 33409

New Mailing Address:

TRUMP PLAZA OFFICE CENTER
525 SOUTH FLAGER DRIVE, SUITE 200
WEST PALM BEACH, FL 33401 US

FEI Number: 26-0143092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZELLER, RONALD J ESQ.
TRUMP PLAZA OFFICE CENTER
525 SOUTH FLAGLER DRIVE, SUITE 200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NGOIE, KALEBA H
Address: 4470 PORTOFINO WAY #211
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD ( ) Delete
Name: KASONGO, JEAN-CLAUDE
Address: 4470 PORTOFINO WAY #211
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD ( ) Delete
Name: ROHENA, PATRICIA R
Address: 2721 SPIVEY LANE
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete
Name: NGOY, JEAN-MARIE
Address: 5985 LAKE MELROSE DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NGOIE, KALEBA H
Address: 7436 SW 188TH LANE
City-St-Zip: MIAMI, FL 33157

Title: VD (X) Change ( ) Addition
Name: KASONGO, JEAN-CLAUDE
Address: 7436 SW 188TH LANE
City-St-Zip: MIAMI, FL 33157

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ED ( ) Change (X) Addition
Name: KABAMBA-HEPBURN, MUAKANA S
Address: 12340 SW 109 TERRACE
City-St-Zip: MIAMI, FL 33186

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: KALEBA H. NGOIE PD 05/05/2009

Electronic Signature of Signing Officer or Director — Date