

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90160 006 ****61.25

DOCUMENT # N07000003120

1. Entity Name

FOR DARFUR, INC.



Principal Place of Business

For Darfur Inc.
824 East Atlantic Avenue Suite 2
Delray Beach, FL 33483



2. Principal Place of Business - No P.O. Box #

824 East Atlantic Ave Ste 2

Suite, Apt. #, etc.

Delray Beach FL

City & State

Zip
33483

Country
USA

3. Mailing Address East Atlantic

824 East Atlantic Ave

Suite, Apt. #, etc.

Suite 2

Delray Beach FL

Zip
33483

Country
USA

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-8714784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAILE, SHAW & PFAFFENBERGER, PA
660 US HWY ONE THIRD FLOOR
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Gabriel Schilling
1 Beachway Drive
Ocean Ridge FL 33435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
Grant Dubler
7734 Dawson Court
Lake Worth, FL 33467

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Matthew TEPPER
101 PIAZZA REAL SOUTH APT 316
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2008

561-274-6760