2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# N07000006727

Entity Name: N.O.T.E.S. FOUNDATION, INC.

Current Principal Place of Business:

15403 LAKE MAGDALENE BLVD
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

15403 LAKE MAGDALENE BLVD
TAMPA, FL 33613

New Mailing Address:

FEI Number: 26-0491542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: D ( ) Delete
Name: ROSS, SHARONA B M.D.
Address: 15403 LAKE MAGDALENE BLVD
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete
Name: ROSEMURGY, ALEXANDER M.D.
Address: 15403 LAKE MAGDALENE BLVD
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete
Name: RILEY, SANDRA
Address: 15403 LAKE MAGDALENE BLVD
City-St-Zip: TAMPA, FL 33613

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D. ( ) Change (X) Addition
Name: DICKMAN, TAMMY
Address: 15403 LAKE MAGDALENE BLVD
City-St-Zip: TAMPA, FL 33613

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: SHARONA B. ROSS, M.D. D 02/08/2008

Electronic Signature of Signing Officer or Director — Date