2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000009565

Entity Name: FRIENDSHIP GAMES FOUNDATION INC.

Current Principal Place of Business:

520 NW 165 STREET ROAD
205
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

PO BOX 69-3393
MIAMI, FL 33269

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILLIAMS, KIRBY
520 NW 165 STREET ROAD
205
MIAMI, FL 33169 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: P ( ) Delete
Name: SMITH, MICHAEL
Address: 520 NW 165 STREET ROAD, SUITE 205
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete
Name: MILLER, OWEN
Address: 520 NW 165 STREET ROAD, SUITE 205
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete
Name: LAING, VASHTI
Address: 520 NW 165 STREET ROAD, SUITE 205
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete
Name: WALKER, SANDRA
Address: 520 NW 165 STREET ROAD, SUITE 205
City-St-Zip: MIAMI, FL 33169

Title: VT ( ) Delete
Name: WILLIAMS, KIRBY
Address: 520 NW 165 STREET ROAD, SUITE 205
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: DORSETT, DEBORAH
Address: 520 NW 165 STREET ROAD, SUITE 205
City-St-Zip: MIAMI, FL 33169

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

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

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

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: MICHAEL SMITH P 04/30/2008

Electronic Signature of Signing Officer or Director — Date