2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010588

FILED Apr 29, 2008 Secretary of State

| Entity Nar | me: WANNA | GIVE FOUNDATION, INC. | | | |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| ANCHOR | SUNRISE BLV D FL 33323 | /D. | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 12801 W. S ANCHOR SUNRISE, | | /D. | | | |
| FEI Number: | : 26-1327279 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| BOLANOS 1710 SW 2 MIAMI, FL | 22 TERRACE | | | | |
| The above in the State | named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (AZIZ, MONICA 5826 SW 107 PINECREST, F | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (AZIZ, RENE 5826 SW 107 PINECREST, F | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (BOLANOS, FR 3024 NW 99 P DORAL, FL 33 | LACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | D (|) Delete | Title: | () Change () Addition | |

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.

Name:

Address:

City-St-Zip:

04/29/2008 SIGNATURE: FRANK J BOLANOS DIR

LARESGOITI, LUIS

WESTON, FL 33327

930 TRADEWINDS BEND

Name:

Address:

City-St-Zip: