2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N08000010018

Entity Name: ECHOSPIDER FOUNDATION, INC.

Current Principal Place of Business:

10705 NAVIGATION DR
RIVERVIEW, FL 335797750

New Principal Place of Business:

Current Mailing Address:

10705 NAVIGATION DR
RIVERVIEW, FL 335797750

New Mailing Address:

FEI Number: 94-3450355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

QUINONES MORALES, HECTOR M
10705 NAVIGATION DR
RIVERVIEW, FL 335797750 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:	QUINONES MORALES, HECTOR M	
Address:	10705 NAVIGATION DR	
City-St-Zip:	RIVERVIEW, FL 335797750	
Title:	D	( ) Delete
Name:	CALIMANO, TONY	
Address:	7331 NIGHT HERON DR	
City-St-Zip:	LAND O' LAKES, FL 34637	
Title:	D	( ) Delete
Name:	GERENA-MARRAPODI, MARIVETT	
Address:	1313 HATCH PL	
City-St-Zip:	VALRICO, FL 33594	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BROOKS, ANNETTE	
Address:	7217 CYPRESS LAKE DR	
City-St-Zip:	ODEESSA, FL 33556	

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: HECTOR M QUINONES MORALES PRES 06/29/2009

Electronic Signature of Signing Officer or Director — Date