2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 8:00 am Secretary of State

Pincipal Place of Business Mailing Address 101 MV 22ND STREET DELRAY BEACH, FL 33444 101 MV 22ND STREET DELRAY BEACH, FL 33431 101 MV 22ND STREET DELRAY BEACH, FL 33433 101 MV 22ND STREET	DOCUMENT # N08729 1. Entity Name UNITY SCHOOL ENDOWMENT FUND, INC.						90088 035 ****(
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S. Carriectable Districts Desired Agent AMERICAN INFORMATION SERVICES, INC ONE SOUTHEAST THIRD AVE., 28TH FLOOR MIAMI, FL 33131 8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The American Third Corr Ducks Signature Signature FIL 2pcode 3.3 1 8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations or registered agent, or both, in the State of Florida. I am familiar with, and accept me originations of registered agent, or both, in the State of Florida. I am familiar with, and accept me originations or registered agent, or both, in the State of Florida. I am familiar with, and accept me originations or registered agent, or both, in the State of Florida. I am familiar with, and accept me originations or registered agent, or both, in the State of Florida. I am familiar with, and accept me originations or re	City & State		City & State	City & State		mber 529126	├	
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AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THRO AVE., 28TH FLOOR MIAMI, FL 33131 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. 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. 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. 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. 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. 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. 8. The above named entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation is the obligation of registered agent. 8. The Above named entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation is the obligation of registered agent. 8. The Above named entity submits this statement for the purpose of changing its registered agent. 9. Delete State agent. 9. Delete State a		6. Name and Address of Current Reg	istered Agent		7. Name a	and Address of New	Registered Agent	
B. 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 Suprusus, typed or printed name of registered agent and ties? applicable.	ONE SOUTHEAST THIRD AVE., 28TH FLOOR			Street A	ddress (P.O. Box Nu	mber is Not Acceptab	DE JETE	7 00
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature, typed or printen name of registered agent and rifle? Bookcare. (NOTE Registered Agent software recounts) when nemositing) DATE				1 City M	Jiami			
Trust Fund Contribution. Added to Fees Florida Department of State 10.	the obligati	ions of registered agent.						
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NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP C		Filing Fee is \$61.25	9. Election Campa	aign Financing	\$5.00 ма	ıy Be	Make check payable	
TITLE NAME NORMAN, NANCY REV STREET ADDRESS 101 NW 22ND ST DELRAY BEACH, FL 33444 TITLE NAME NAVILLO, FRONK MR NAVILLO, FRONK MR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 THE VP TITLE NAME BARBER, MARIA STREET ADDRESS TO TALL OAK AVE. DELRAY BEACH, FL TITLE NAME STREET ADDRESS TO TALL OAK AVE. DELRAY BEACH, FL TITLE NAME STREET ADDRESS TO TALL OAK AVE. DELRAY BEACH, FL TITLE NAME STREET ADDRESS TO TALL OAK AVE. DELRAY BEACH, FL TITLE NAME STREET ADDRESS TO TALL OAK AVE. DELRAY BEACH, FL TITLE NAME STREET ADDRESS TO TALL OAK AVE. DELRAY BEACH, FL TO Delete TITLE NAME STREET ADDRESS TO TALL OAK AVE. DELRAY BEACH, FL TO DELRAY BEACH,	10.	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cor	aign Financing atribution.	\$5.00 Ma Added to Fe	y Be ees Flo	Make check payable orida Department of	State IN 10
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRECT P COHEN, ALBERT DR. 960 SEAGAGE DRIVE DELRAY BEACH, FL 33483 D NORMAN, NANCY REV 101 NW 22ND ST DELRAY BEACH, FL 33444 WANVILIO, FRONK MR 6865 S.W. 18TH ST. SUITE 10 BOCA RATON, FL 33433 D BARBER, MARIA 15320 TALL OAK AVE. DELRAY BEACH, FL T SEAMAN, PHIL 101 NW 22 STREET	9. Election Campa Trust Fund Con TORS Delete Delete * NO LONGER THE VP	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 ME Added to Fe ADDITIONS/ SECRETARY, SHAWCROSS, D 3681 NW ZI- BOCA RATTI GOLDMAN, 16276 BRIN DELRAY BEA LANGLE, PAUL 1117 ISLAND DELRAY BEA POLATSEK, H 6030 VIA DELRAY BE ROMER, CR 2967 NEED	CHANGES TO OFFICE IANE MG, ITD TETTACE ON, FL 334 YYIICHAEL I OLEWOOD CIT CH. FL 3344 L. PL 3344 L. PL 3346 ARRY PA. VENETIA SOU ACH, FL 33 ACH, FL 33 ACH, FL 33 ACH, FL 33	Make check payable orida Department of ERS AND DIRECTORS Change Change Change Change Change Change	State IN 10 Addition Addition

2. Thereby certify that the information supplies with this limit does not dealing to exempt the supplies 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/05

Daytime Phone #