


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13376</b> 1. Entity Name <b>THE CITTA FOUNDATION, INC.</b>	
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Principal Place of Business <b>110 EAST ATLANTIC AVE #330 DELRAY BEACH, FL 33444</b>	Mailing Address <b>110 EAST ATLANTIC AVE #330 DELRAY BEACH, FL 33444</b>
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01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2635738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**ARLEN, ROBERT M.  
110 EAST ATLANTIC AVE # 330  
DELRAY BEACH, FL 33444**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

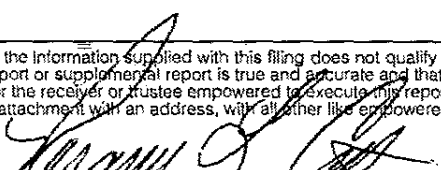
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CITTA, ROSANNE L. 21 PINE STREET TOMS RIVER, NJ 08753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CITTA, JOSEPH A. JR 354 ROBERTS AVENUE SEASIDE PARK, NJ 08752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSELLI, MARIE 585 BROOKSIDE DRIVE TOMS RIVER, NJ 08753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000593137  
01/22/07-80018-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROSANNE L. CITTA, PRESIDENT**

Date **1/11/07** Daytime Phone **732-349-1600**