

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

**FILED  
Apr 27, 2007  
Secretary of State**

DOCUMENT# N18231

Entity Name: THE ALEXANDER FOUNDATION, INC.

**Current Principal Place of Business:**

C/O LESLIE ALEXANDER  
1200 N. FEDERAL HWY., STE. 411  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LESLIE ALEXANDER  
1200 N. FEDERAL HWY., STE. 411  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 59-2789197      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALEXANDER, LESLIE  
1200 N. FEDERAL HWY., STE. 411  
BOCA RATON, FL 33432 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: PD ( ) Delete  
Name: ALEXANDER, LESLIE L  
Address: 1200 N. FEDERAL HWY SUITE 411  
City-St-Zip: BOCA RATON, FL 33432 US

Title: D ( ) Delete  
Name: ALEXANDER, NANJI  
Address: 7809 AFTON VILLA COURT  
City-St-Zip: BOCA RATON, FL 33432 US

Title: D ( ) Delete  
Name: ALEXANDER, JODI T  
Address: 7809 AFTON VILLA COURT  
City-St-Zip: BOCA RATON, FL 33432 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LESLIE ALEXANDER

PD

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date