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

May 21, 2007 8:00 am Secretary of State DOCUMENT # N18819 05-21-2007 90055 027 ****61.25 1. Entity Name THE TURTLE RUN FOUNDATION, INC. Principal Place of Business Mailing Address 7932 WILES ROAD 7932 WILES ROAD CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chq-NP CR2E037 (12/06) 4. FEI Number 65-0238952 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY, STE. 103 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33309 Zip Code FL 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 DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition KAPISH, CHRIS NAME Wallington, Kevin NAME STREET ADDRESS 7932 WILES ROAD STREET ADDRESS 7932 wiles 1200d CITY+ST-ZIP CORAL SPRINGS, FL 33067 CITY-ST-ZIP FL 33067 CORUL Spings TITLE ☐ Delete TITLE ☐ Change Addition DILAURA, BARBARA NAME NAME STREET ADDRESS 7932 WILES ROAD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33067 CITY-ST-ZIP TITLE TITLE ☐ Change Addition FINK, CHRISTINE NAME NAME STREET ADDRESS 7932 WILES ROAD STREET ADDRESS CORAL SPRINGS, FL 33067 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE JARO, MARC NAME STREET ADDRESS 7932 WILES ROAD STREET ADORESS CORAL SPRINGS, FL 33067 CITY-ST-ZIP CITY-ST-ZIF □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 two 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 trusted 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 a cadress, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

President

FILED