


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N22485 1. Entity Name THE WALTER AND ADI BLUM FOUNDATION, INC.	
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Principal Place of Business 340 ROYAL PALM WAY SUITE 100 PALM BEACH, FL 33480-4307 US	Mailing Address 340 ROYAL PALM WAY SUITE 100 PALM BEACH, FL 33480-4307 US
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02082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0008826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, EUGENE W JR
340 ROYAL PALM WAY
SUITE 100
PALM BEACH, FL 33480

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000837162
03/04/08-80045-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, NORMAN 5 CANFIELD WAY CONVENT STATION, NJ 07980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBILL, SANDRA E 453 BB SAMS DR SAINT HELENA ISLAND, SC 29920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, EUGENE W., JR. 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Eugene W. Murphy Vice President Date: 2-22-08 (561) 655-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR