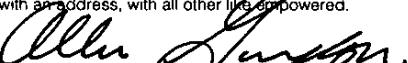


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 19, 2007 8:00 am
Secretary of State**

01-19-2007 90032 012 ****61.25

DOCUMENT # N24549		
1. Entity Name EDYNE AND ALLEN GORDON FOUNDATION, INC.		
Principal Place of Business 4208 NORTH 31 AVENUE SUITE 3 HOLLYWOOD, FL 33021 US		Mailing Address PO BOX 100527 FORT LAUDERDALE, FL 33310 US
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent		
ALLEN GORDON 4208 NORTH 31 AVENUE SUITE 3 HOLLYWOOD, FL 33021		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
		FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
(NOTE: Registered Agent signature required when reinstating)		
DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PTD NAME GORDON, ALLEN STREET ADDRESS P O BOX 100527 CITY-ST-ZIP FT LAUDERDALE, FL 33310		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPSD NAME GORDON, EDYNE STREET ADDRESS P O BOX 100527 CITY-ST-ZIP FT LAUDERDALE, FL 33310		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME BARBARA MCNEILL, PH.D. STREET ADDRESS 285 TEMELEC CIRCLE CITY-ST-ZIP SONOMA, CA 95476		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS 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 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: 		1-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #