


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N29802 1. Entity Name OUR LADY OF SORROWS FOUNDATION, INC.	
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Principal Place of Business 4801 NW FLAGLER STREET MIAMI FL 33134-1453 US	Mailing Address 14 NW 48TH AVE MIAMI FL 33126-5223 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 65-0087996	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SUMMERFIELD, L.E. 14 NW 48TH AVE MIAMI FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: 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
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD HENNEBERY, TIMOTHY 14 NW 48TH AVE MIAMI FL	<input type="checkbox"/>
TITLE	SD GREENE, WILLIAM 14 NW 48TH AVE MIAMI FL	<input type="checkbox"/>
TITLE	VD FREEBY, STEVEN 14 NW 48TH AVE. MIAMI FL 33126-5223	<input type="checkbox"/>
TITLE	VD HARDING, MARIA ELENA B 15500 NEW BARN RD MIAMI LAKES FL	<input type="checkbox"/>
TITLE	TD SUMMERFIELD, L.E. 14 NW 48TH AVE MIAMI FL	<input type="checkbox"/>
TITLE		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: L E Summerfield L E SUMMERFIELD FEB 8, 2007 305 385-6453