2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N32732

Entity Name: JACK SWERDLOFF HISTORY AWARD, INC.

Current Principal Place of Business:

C/O BARBARA BAILEY
99 BARBERTON ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

C/O BARBARA BAILEY
99 BARBERTON ROAD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0128315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, BARBARA
99 BARBERTON ROAD
LAKE WORTH, FL 33467 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: SWERDLOFF, ROBERT
Address: 1571 N.E. 143 STREET
City-St-Zip: MIAMI, FL 33161 US

Title: VD ( ) Delete
Name: KING, STEPHANIE
Address: 15000 S. SPUR DR
City-St-Zip: MIAMI, FL US

Title: STD ( ) Delete
Name: BAILEY, BARBARA
Address: 99 BARBERTON RD
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D ( ) Delete
Name: WHITEHOUSE, SUSAN
Address: 2860 E AVIARY DR
City-St-Zip: COOPER CITY, FL 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:

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: BARBARA BAILEY STD 04/24/2008
Electronic Signature of Signing Officer or Director — Date