


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90004 015 \*\*\*\*61.25

<b>DOCUMENT # N39418</b>	
1. Entity Name <b>DOMINICAN FOUNDATION, INC.</b>	

Principal Place of Business <b>4041 MALLARD POINT COURT ORLANDO, FL 32810 US</b>	Mailing Address <b>4041 MALLARD POINT COURT ORLANDO, FL 32810 US</b>
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2. Principal Place of Business <b>5840 Red Bug Lake Road</b>	3. Mailing Address <b>5840 Red Bug Lake Road</b>
Suite, Apt. #, etc. <b>115</b>	Suite, Apt. #, etc. <b>115</b>

City & State <b>Winter Springs, FL</b>	City & State <b>Winter Springs, FL 32708</b>
Zip <b>32708</b>	Country <b>USA</b>



03192006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0263936</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LUTHER, DAVID S. 742 GRANVILLE DR. WINTER PARK, FL 32789</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUTHER, DAVID 742 GRANVILLE DR WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BERNEL, PEDRO 2401 WHITEHALL CIRCLE WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DONOVAN, BARRY C 639 TUSKAVILLA POINT LANE WINTER SPRINGS, FL 32708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FARRIER, LAURIE 4041 MALLARD POINT COURT ORLANDO, FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LUTHER, STEPHEN 973 WILLOW RUN LANE WINTER SPRINGS, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUTIERREZ, RAFAEL E 1283 HAWK RIDGE ROAD LAFAYETTE, CO 80026</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barry C. Donovan* **Barry C. DONOVAN** **3/19/06** **407 992 6982**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #