

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

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90041 006 \*\*\*\*61.25

DOCUMENT # N39418 1. Entity Name DOMINICAN FOUNDATION, INC.	
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Principal Place of Business 5840 RED BUG LAKE ROAD # 115 WINTER SPRINGS FL 32708 US	Mailing Address 5840 RED BUG LAKE ROAD # 115 WINTER SPRINGS FL 32708 US
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2. Principal Place of Business - No P.O. Box # <u>639 Tuskavilla Point Lane</u> <u>8D</u> Suite, Apt. #, etc.	3. Mailing Address <u>8D</u> Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State <u>Winter Springs, FL</u> <u>8D</u>	City & State	4. FEI Number 65-0263936	Applied For Not Applicable
Zip <u>32708</u> <u>8D</u>	Country <u>USA</u> <u>8D</u>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent LUTHER, DAVID S. 742 GRANVILLE DR. WINTER PARK FL 32789	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</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	D LUTHER, DAVID 742 GRANVILLE DR WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Liv Vesely 74 Secor Lane Hopewell Junction, NY 12533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNEL, PEDRO 2401 WHITEHALL CIRCLE WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mario Rodriguez 973 Willow Run Lane Winter Springs, FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONOVAN, BARRY C 639 TUSKAVILLA POINT LANE WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Juan Manuel Diaz Parrondo Paseo de las GAZAS # 28 Santo Domingo DR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIER, LAURIE 4041 MALLARD POINT COURT ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerson Diaz 74 SECOR LANE HOPWELL JUNCTION, NY 12533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTHER, STEPHEN 973 WILLOW RUN LANE WINTER SPRINGS FL <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	D GUTIERREZ, RAFAEL E 1283 HAWK RIDGE ROAD LAFAYETTE CO 80026 <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 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: Barry C. Donovan 4076954884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #