


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90013 021 ****61.25

DOCUMENT # N42328 1. Entity Name FOUNDATION HOLDING IV, INC.	
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Principal Place of Business 4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210	Mailing Address 4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE

40100000



03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3051584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILNE, DOUGLAS J 4595 LEXINGTON AVE SUITE 100 JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ASHBY, C.L.G. 1004 STOCKTON ST 1637 Beach Ave JACKSONVILLE, FL Atlantic Bch, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HIGHTOWER, BEN CPA 1514 NIRA ST JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEMMEL, DAVID 1000 POLLEN RD 4499 Linplkin Lane JACKSONVILLE, FL Fernandina Bch, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MILNE, DOUGLAS J 4595 LEXINGTON AVE #100 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: DTMILNE DTMILNE 4/30/08 904.387.5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #