2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46442

FILED Jan 25, 2007 Secretary of State

Entity Name: ANNA FERTIC FOUNDATION, INC.

US

Current Principal Place of Business: New Principal Place of Business:

3654 NORTH CR 426 GENEVA, FL 32732 US

Current Mailing Address: New Mailing Address:

P.O. BOX 621171 OVIEDO, FL 32762

FEI Number: 59-3096507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ASENDORF, JOHN J VD 3654 NORTH CR 426 520 OLD MIMS ROAD OVIEDO, FL 32732 US GENEVA, FL 32732 US

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: JOHN J. ASENDORF 01/25/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CLAY P. COSSABOOM,
 Name:
 COSSABOOM, CLAY P PD

 Address:
 2570 OLD MIMS RD
 Address:
 2570 OLD MIMS RD

City-St-Zip: GENEVA, FL 32732 City-St-Zip: GENEVA, FL 32732 US

Title: VPTD () Delete Title: VPD (X) Change () Addition

 Name:
 ASENDORF, JOHN J
 Name:
 ASENDORF, JOHN J VPD

 Address:
 3654 NORTH CR 426
 Address:
 3654 NORTH CR 426

 City-St-Zip:
 GENEVA, FL 32732
 City-St-Zip:
 GENEVA, FL 32732 US

Title: D () Delete Title: STD (X) Change () Addition Name: FERTIC, VOLERA Name: PICKFORD, SHIRLEYR R STD Address: 2350 HICKORY TREE RD. Address: 3654 NORTH CR 426

 Address:
 2350 HICKORY TREE RD.
 Address:
 3654 NORTH CR 426

 City-St-Zip:
 ST. CLOUD, FL 34770
 City-St-Zip:
 GENEVA, FL 32732 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 PICKFORD, SHIRLEY R
 Name:

 Address:
 3654 CR 426
 Address:

 City-St-Zip:
 GENEVA, FL 32732
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY R. PICKFORD STD 01/25/2007