


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90221 017 ****61.25

DOCUMENT # N46442		
1. Entity Name ANNA FERTIC FOUNDATION, INC.		

Principal Place of Business 3654 NORTH CR 426 GENEVA, FL 32732 US	Mailing Address P.O. BOX 621171 OVIEDO, FL 32762 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40106860



05052008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3096507	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASENDORF, JOHN J VD 520 OLD MIMS ROAD GENEVA, FL 32732

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSSABOOM, CLAY P PD <input type="checkbox"/> Delete 2570 OLD MIMS RD GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASENDORF, JOHN J VPD <input type="checkbox"/> Delete 3654 NORTH CR 426 GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PICKFORD, SHIRLEY R STD <input type="checkbox"/> Delete 3654 NORTH CR 426 GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHIRLEY R PICKFORD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3654 N CR 426 GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLAY P COSSABOOM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2570 OLD MIMS RD GENEVA FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Shirley R Pickford SHIRLEY R PICKFORD 5/5/08 4073490078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #