


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 A
Secretary of State

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| DOCUMENT # N50659 1. Entity Name LONDON FOUNDATION, INC. |  |
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| Principal Place of Business 7772 FISHER ISLAND DRIVE MIAMI, FL 33109 US | Mailing Address 7772 FISHER ISLAND DRIVE MIAMI, FL 33109 |
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01112008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0358176 | Applied For 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 MORRIS, STUART R ESQ 7000 W. PALMETTO PARK ROAD SUITE 205 BOCA RATON, FL 33433 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| 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 | U000000871647 04/10/08-800008-001 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONDON, SEYMOUR DR. C/O 7772 FISHER ISLAND DRIVE MIAMI, FL 33109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONDON, ROSE DR. C/O 7772 FISHER ISLAND DRIVE MIAMI, FL 33109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD LONDON, DAVID 40 GRANADA COURT PORTOLA VALLEY, CA 940287737 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD ROGERS, ELIZABETH 7772 FISHER ISLAND DRIVE MIAMI, FL 33109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONDON, VALERIE C/O 7772 FISHER ISLAND DRIVE MIAMI, FL 33109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BORDEN, MEREDITH C/O 7772 FISHER ISLAND DRIVE MIAMI, FL 33109 |

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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.

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| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date <u>3/15/08</u> Daytime Phone # _____ |
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