

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008
Secretary of State

DOCUMENT# N51463

Entity Name: DADEFUND, INC.

Current Principal Place of Business:

200 S. BISCAYNE BLVD.
505
MIAMI, FL 331315330 US

New Principal Place of Business:

Current Mailing Address:

200 S. BISCAYNE BLVD.
505
MIAMI, FL 331315330 US

New Mailing Address:

FEI Number: 65-0366144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHACK, RUTH
200 SOUTH BISCAYNE BOULEVARD
SUITE 505
MIAMI, FL 331315330 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLLIFLOWER, ESTHER
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 331315330 US

Title: DS () Delete
Name: GHISLAIN, GOURAIGE J
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 331315330 US

Title: D () Delete
Name: OLDAKOWSKI, ROBERT
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 331315330 US

Title: DP () Delete
Name: SHACK, RUTH
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 331315330 US

Title: D () Delete
Name: FARQUHAR, CAROL A
Address: 1031 WEST RHAN ROAD
City-St-Zip: DAYTON, OH 45429 US

Title: DC () Delete
Name: MCKENNA, MARY
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 331315330 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORALES, JIMMY ESQ.
Address: 200 SOUTH BISCAYNE BLVD, SUITE 505
City-St-Zip: MIAMI, FL 331315330 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TODD WEEKS

CFO

05/21/2008

Electronic Signature of Signing Officer or Director

_____ Date