2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# N93000001140

Entity Name: SYMBIOSIS FOUNDATION, INC.

Current Principal Place of Business:

9151 ARVIDA LN
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

9151 ARVIDA LN
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 65-0414696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALES, THOMAS O JR
9151 ARVIDA LN
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

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: DP ( ) Delete
Name: BALES, THOMAS O. JR.
Address: 9151 ARVIDA LANE
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete
Name: BOX, WILLIAM J
Address: 300 LEUCADENDRA
City-St-Zip: CORAL GABLES, FL 33156

Title: D (X) Delete
Name: SLATER, CHARLES R
Address: 2350 SW 26 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D (X) Delete
Name: SMITH, KEVIN M
Address: 570 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SMITH, KEVIN W
Address: 570 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL 33156

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: THOMAS O BALES JR P 01/06/2008

Electronic Signature of Signing Officer or Director — Date