2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# N93000004750

Entity Name: THE MORNINGSTAR SOCIETY, INC.

Current Principal Place of Business:

4751 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4751 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-0454768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIELE, LOUIS DR
4751 BAYVIEW DR
FT LAUDERDALE, FL 33308 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: DPS ( ) Delete
Name: MIELE, LOUIS DR
Address: 4751 BAYVIEW DR
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VPD ( ) Delete
Name: DE LUCA, ROSA
Address: 4851 NE 28TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: TD ( ) Delete
Name: MIELE, GINA
Address: 4851 N.E. 28TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP ( ) Change (X) Addition
Name: BALDINI, ELIO MD
Address: 2 HARBORAGE ISLE
City-St-Zip: FORT LAUDERDALE, FL 33316

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: LOUIS MIELE, DR. PRES 03/19/2008

Electronic Signature of Signing Officer or Director — Date