2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N93000005147

Entity Name: DELLUTRI'S CHRISTMAS FOUNDATION, INC.

Current Principal Place of Business:

301 NW 36 STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

301 NW 36 STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0453261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DELLUTRI, MARIA E
301 NW 36 STREET
MIAMI, FL 33127 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: DST ( ) Delete
Name: DELLUTRI, MARIA ELENA
Address: 5075 SW 73 AVE
City-St-Zip: DAVIE, FL 33314

Title: CD ( ) Delete
Name: DELLUTRI, SALVATORE
Address: 5075 SW 73 AVE
City-St-Zip: DAVIE, FL 33317

Title: P ( ) Delete
Name: DELLUTRI, ELENA
Address: 5075 SW 73RD AVE
City-St-Zip: DAVIE, FL 33314

Title: SVPD ( ) Delete
Name: FERNANDEZ, FRANK
Address: 301 NW 36TH ST
City-St-Zip: MIAMI, FL 33127

Title: PREO ( ) Delete
Name: THOMPSON, KIMBERLEY D
Address: 1992 NW 183 AVENUE
City-St-Zip: HOLLYWOOD, FL 33029

Title: VP ( ) Delete
Name: DELLUTRI, SAMANTHA
Address: 5075 SW 73 AVE
City-St-Zip: DAVIE, FL 33314

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: ( ) 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: MARIA ELENA DELLUTRI D 01/22/2009

Electronic Signature of Signing Officer or Director — Date