2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90196 034 ****70.00

1. Entity Nam	a a	# N94000000 STATE FOUNDATI						0 054	70.00	
Principal Place C/O NORMAN P.O. BOX 609 BRADENTON	LUPPINO 51		Mailing Address P.O. BOX 6051 BRADENTON, FL 34281 US				- 4008 0491			
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202006 C	hg-NP CR2I	E037 (11/05)		
City & State			City & State			4. FEI Number 65-067852	28		pplied For ot Applicable	
Zip Country		Country	Zip	Country		5. Certificate of S	tatus Desired 🔀	\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
VELTZ, HOWARD 2219 39TH STREET WEST BRADENTON, FL 34205					Name Belack, Steve Street Address (P.O. Box Number is Not Acceptable) 59 0 3 La VISTa Lacke					
,	,		City 13			radenton	. F	L Zip Cod	e	
	ions of regis	y submits this statement for tered agent. Live Live Live Live Live Live Live Live	last		ed office or re	gistered agent, or both, in	the State of Florida. 1			
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2006 Trust Fund Cor						\$5.00 May Be Added to Fees		eck payable to partment of Si		
10.		OFFICERS AND DIF	RECTORS	11.			ES TO OFFICERS AND	DIRECTORS IN	110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	325 SOM	IM, NATALIE ERSET AVE. TA, FL. 34243	☐ Delete	. NAM STRI	E SET ADDRESS 5	OVE SHINAS, ANNA EZ HUNTER LA Bradenton, F	ene	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	485 MAG), NORMAN ELLAN DR. TA, FL 34243	☐ Delete	NAA STR	E ADDRESS 3	OC SUNDRUM, 1 325 SOMETSO Sarasota,	Natalie et Auc	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HOWARD H STREET WEST TON, FL 34205	☐ Delete	NAM STR	E [] IE // EET ADDRESS Y	ott Miller, Geral 1631 Orland	ld	∑ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	512 46TH	ISTER, T F I STREET WEST TON, FL 34209	☐ Deleta	NAA Str	E J. EE EET ADDRESS	os Schafield, 9312 Kings Brudentow,		⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAA Str	E j			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAA Str				Change	☐ Addition	
indicated of the cor	l on this repo rporation or t	ne information supplied with ort or supplemental report is the receiver or trustee emp tachment with an address,	s true and accurate and owered to execute this r	i that my signa report as requ	iture shall have	e the same legal effect as	i i made under oath; tha	it i am an onicei	r of director	