

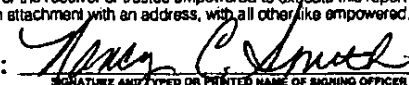


FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90002 018 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N95000001980		
1. Entity Name MARION A. ROLETTI FOUNDATION, INC.		
Principal Place of Business 11421 TAFT ST. PEMBROKE PINES, FL 33026 US		Mailing Address 11421 TAFT ST. PEMBROKE PINES, FL 33026 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, NANCY C 11421 TAFT ST PEMBROKE PINES, FL 33026		40108133  04252008 No Chg-NP CR2E037 (4/06) 4. FEI Number 65-0582978 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable
DO NOT WRITE IN THIS SPACE		8. 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. I am familiar with, and accept the obligations of registered agent.
		SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLUMP, THOMAS 439 S NETHERLAND CRESENT ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, NANCY C 11421 TAFT STREET PEMBROKE PINES, FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, GLENDA 1 FOREST RD. PONCA CITY, OK 74804	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/08 205-817-3668 <small>Date Daytime Phone #</small>