


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000005200</b>	
<b>1. Entity Name</b> THE INTER-NATIONAL FOUNDATION FOR THE LIVING ARTS, INC.	

<b>Principal Place of Business</b> 11801 NE 11TH PLACE SUITE B MIAMI, FL 33161 US	<b>Mailing Address</b> PO BOX 61-2676 NORTH MIAMI, FL 33261 US
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02062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0660448	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  DARBY, HAYES 11801 NE 11TH PLACE SUITE B NORTH MIAMI, FL 33161
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<b>DO NOT WRITE IN THIS SPACE</b>
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PTSD	<b>NAME</b> HAYES, DARBY
<b>STREET ADDRESS</b> 11801 NE 11TH PLACE, SUITE B	<b>CITY-ST-ZIP</b> NORTH MIAMI, FL 33161
<b>TITLE</b> D	<b>NAME</b> BRENDA ASTOR
<b>STREET ADDRESS</b> 1001 SW 128 TERRACE, B108	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33027
<b>TITLE</b> D	<b>NAME</b> PEGGY KENNEY
<b>STREET ADDRESS</b> 186 PEBBLE SHORE DRIVE, #201	<b>CITY-ST-ZIP</b> NAPLES, FL 34110
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	

<p>U000000633359 02/21/07-80059-003 70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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**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:** Darby Hayes **2-7-07** 305.899.5044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #