

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2007  
Secretary of State**

DOCUMENT# N95000005596

Entity Name: THE TRUMPETER FOUNDATION, INC.

**Current Principal Place of Business:**

7757 SW 86 STREET C-109  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7757 SW 86 STREET C-109  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 65-0622178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SWANKO, MARTIELE P.  
7757 SW 86 STREET C-109  
MIAMI, FL 33143      US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS      ( ) Delete  
Name: GORDON, J. DENNIS  
Address: 6741 SUNRISE BLVD  
City-St-Zip: PLANTATION, FL 33313

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

Title: PD      ( ) Delete  
Name: SWANKO, MARTIELE P  
Address: 7757 SW 86 STREET C-109  
City-St-Zip: MIAMI, FL 33143

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

Title: D      ( ) Delete  
Name: MCCAPE, LORGIA  
Address: 19551 FRANJO ROAD  
City-St-Zip: MIAMI, FL 33157

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: MARTIELE P. SWANKO

PD

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date