


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

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000007095 1. Entity Name THE VEGSO FAMILY FOUNDATION, INC.	
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Principal Place of Business 3608 CARLTON PLACE BOCA RATON, FL 33496	Mailing Address 3608 CARLTON PLACE BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0801555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VEGSO, PETER
3608 CARLTON PLACE
BOCA RATON, FL 33496**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	U000000778782 01/11/08-80011-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGSO, ANNE 3608 CARLTON PLACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGSO, PETER 3608 CARLTON PLACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTMAN, CAROLE 2830 N.W. 29TH DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Anne L. Vego Anne L. VEGSO 1/7/08 561 241-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #