
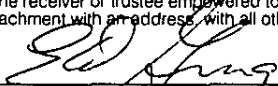


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000006182		
1. Entity Name THE GING FOUNDATION, INC.		
Principal Place of Business 500 SOUTH EAST 5TH AVE UNIT S 1002 BOCA RATON, FL 33432 US	Mailing Address 500 SOUTH EAST 5TH AVE UNIT S 1002 BOCA RATON, FL 33432 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GING, EDWARD D MR. 500 SOUTH EAST 5TH AVE UNIT 1002 BOCA RATON, FL 33432		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 _____ (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
10. OFFICERS AND DIRECTORS		U00000937690 05/27/08-80055-008 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GING, EDWARD D 500 SOUTH EAST 5TH AVE., UNIT S 1002 BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GING, JOYCE G 500 SOUTH EAST 5TH AVE., UNIT S 1002 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GING, TRACY L 46 HICKORY ST CLARENDON HILLS, IL 60514	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GING, MARY K 140 WESTCHESTER DRIVE SMYRNA, GA 30082	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GING, ANN MARIE 336 WOODBRIDGE DR PITTSBURGH, PA 15237	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GING, DAVID E 142 E 16TH ST NEW YORK, NY 10003	
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: 		4/29/08 561-338-1875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #