2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N99000004550

Entity Name: G & G DAREHSHORI FOUNDATION, INC.

Current Principal Place of Business:

979 EAST GULF DRIVE
UNIT 514
SANIBEL, FL 33957

New Principal Place of Business:

2402 PALM RIDGE ROAD
PMB 155
SANIBEL, FL 33957

Current Mailing Address:

2402 PALM RIDGE ROAD
PMB 155
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0937170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STERN, JERROLD S
695 TARPON BAY ROAD #2
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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:

Title: VPD ( ) Delete
Name: DAREHSHORI, GEORGIA
Address: 2402 PALM RIDGE ROAD, #155
City-St-Zip: SANIBEL, FL 33957

Title: D ( ) Delete
Name: DAREHSHORI, GHOLI
Address: 2402 PALM RIDGE ROAD, #155
City-St-Zip: SANIBEL, FL 33957

Title: D ( ) Delete
Name: DAREHSHORI, SARA
Address: 429 GREENWICH ST PH
City-St-Zip: NEW YORK, NY 10013

Title: D ( ) Delete
Name: ROLFE, RONALD
Address: 429 GREENWICH ST PH
City-St-Zip: NEW YORK, NY 10013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ALEX PENHALLOW CPA 03/27/2009

Electronic Signature of Signing Officer or Director — Date