2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2008
Secretary of State

DOCUMENT# N99000005869

Entity Name: LOUIS L. DICKMAN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2857 PARADISE ROAD
1904
LAS VEGAS, NV 89109

New Principal Place of Business:

Current Mailing Address:

2857 PARADISE RD.
1904
LAS VEGAS, NV 89109

New Mailing Address:

2857 PARADISE ROAD
1904
LAS VEGAS, NV 89109

FEI Number: 65-0953590 **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:

DRONSICK, MICHAEL
950 HILLCREST DRIVE
APT 114
HOLLYWOOD, FL 33021 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: PRED ( ) Delete
Name: DICKMAN, CAROL A
Address: 2857 PARADISE RD # 1904
City-St-Zip: LAS VEGAS, NV 89109

Title: D ( ) Delete
Name: BECKER, ADRIENNE
Address: 2857 PARADISE ROAD # 1904
City-St-Zip: LAS VEGAS, NV 89109

Title: D ( ) Delete
Name: HOFFMAN, STEPHEN A
Address: 2857 PARADISE ROAD # 1904
City-St-Zip: LAS VEGAS, NV 89109

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:

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: CAROL DICKMAN PRES 07/04/2008

Electronic Signature of Signing Officer or Director — Date