2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# N99000006169

Entity Name: GROWINGCONCERNS FOUNDATION, INC.

Current Principal Place of Business:

6009 OLD OCEAN BLVD.
OCEAN RIDGE, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

6009 OLD OCEAN BLVD.
OCEAN RIDGE, FL 33435 US

New Mailing Address:

FEI Number: 65-0961260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYER, LOTHAR L
6009 OLD OCEAN BLVD.
OCEAN RIDGE, FL 33435 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: D ( ) Delete
Name: MAYER, LOTHAR L
Address: 6009 OLD OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D ( ) Delete
Name: MAYER, CARLYN
Address: 6009 OLD OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D ( ) Delete
Name: MAYER, SIMONE
Address: 1000 N.E. 86TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete
Name: MAYER, ROBERT
Address: 111 SE 8TH AVE., #1402
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete
Name: MAYER, NICOLETTE
Address: 8392 TWIN LAKES DRIVE
City-St-Zip: BOCA RATON, FL 33496

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:

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: LOTHAR MAYER D 02/27/2008

Electronic Signature of Signing Officer or Director — Date