2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2007 08:00 AM **DOCUMENT # P04000073065 Secretary of State** FLORIDA FUNDRAISERS, INC. Principal Place of Business Mailing Address 4767 VICTORIA CIRCLE **4767 VICTORIA CIRCLE** WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1489446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DEMATTEO, JOHN A JR. DO NOT WRITE 4767 VICTORIA CIRCLE WEST PALM BEACH, FL 33409 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 1/00/00/0753964 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/22/07-80043-001 150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DEMATTEO, JOHN A JR. STREET ADDRESS **4767 VICTORIA CIRCLE** CITY-ST-ZIP WEST PALM BEACH, FL 33409 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

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 607, 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.

CICNIATURE.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

John Dematte