FILED Aug 01, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION

ANNUAL REPORT						08-01-2005 90023 014 ***150.00					
DOCUMENT # P98000011626 1. Entity Name FOUNDATIONS ENDOWMENT, INC.											
Principal Place of Business 65 SAGE DR.		Mailing Address 65 SAGE DR.		T. S.			500587	737			
WEAVERVILL	E, NC 28787	WEAVERVILLE, NC 28/8/	EAVERVILLE, NC 28787			L linewa estile www. Gweel wa	lier wyrdi newal eldau willen	((181 4 E)#99	11 14 70 9 1		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	06302005	Chg-P	CR2E034 (10	0/03)			
City & State		City & State		-	4. FEI Numb 59-349	_			ed For		
Zip	Zip Country Zip		Country			of Status Desired		5 Addition			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	·				
LEPRELL.	SAMUEL L		Name	Name							
	MARLO BLVD		Street Address			(P.O. Box Number is Not Acceptable)					
	VILLE, FL 32207		<u></u>								
			City	City FL Zip Code							
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 ponted name of registered against and tide if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), corporation did not receive the prior of the prior											
10.	OFFICERS AND		11.	7	ADDITIONS	CHANGES TO OF					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOCK, BRIAN E 65 SAGE DRIVE WEAVERVILLE, NC 28787	□ Deiele	NAME STREET ADDRESS CITY-S1-ZIP					hange [Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOLK, LYNOA J 65 SAGE DRIVE WEAVERVILLE, NC 28787	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boo	.К , LY	NAIA T.	X €	nange (Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	IIILE NAME STREET ADDRESS CITY-ST-ZIP				□ c	nange [Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ c	nange (Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIRLE NAME STREET ADDRESS CITY-ST-ZIP					nange (Addition		
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				□ c	nange [Addition		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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											

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000011626

1. Entity Name
FOUNDATIONS ENDOWMENT, INC.



ATTACHMENT

Principal Place of Business

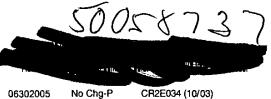
65 SAGE DR.

WEAVERVILLE, NC 28787

Mailing Address

65 SAGE DR.

WEAVERVILLE, NC 28787



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3498643

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L

DO NOT WRITE

STE 201 JACKSONVILLE, FL 32207				IN THIS SPACE					
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept				
SIGNATURE.	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE				
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P BOCK, BRIAN E 65 SAGE DRIVE WEAVERVILLE, NC 28787	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOLK, LYNOA J 65 SAGE DRIVE WEAVERVILLE, NC 28787								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN