I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN MAUND

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

Current Principal Place of Business:

DOCUMENT# F1400002291

1261 HURRICANE RD **KEENE. NY 12942**

1261 HURRICANE RD **KEENE. NY 12942**

FEI Number: 35-2412700

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

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

Entity Name: CAPACITY MARKETING FOR CHARITIES CORP.

Officer/Director Detail :

Title	V	Title	С
Name	MAUND, ANNE	Name	MAUND, STEPHEN
Address	1261 HURRICANE RD	Address	1261 HURRICANE RD
City-State-Zip:	KEENE NY 12942	City-State-Zip:	KEENE NY 12942

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

04/10/2015

FILED Apr 10, 2015 Secretary of State CC7024187261

Date

PRESIDENT, CEO

Date