2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000284

Entity Name: DAB FOUNDATION, INC

FILED Apr 04, 2008 Secretary of State

Entity Nam	ie: Dar Fou	NDATION, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
8750-12 GLADIOLUS DR FT. MYERS, FL 33908				20533 BISCAYNE BLVD. 494 AVENTURA, FL 33180			
Current Mailing Address:				New Mailing Address:			
494	AYNE BLVD A, FL 33180			494	CAYNE BLVD. A, FL 33180		
FEI Number:	58-6263884	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of S	tatus Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ZUKERMAN, HAIM M 8750-12 GLADIOLUS DRIVE FORT MYERS, FL 33908 US				ZUKERMAN, HAIM M 20533 BISCAYNE BLVD. 494 AVENTURA, FL 33180 US			
The above in the State		ubmits this statement for the pu	urpose o	f changing it	ts registered o	ffice or registe	red agent, or both,
SIGNATUR	E:			04/04/2008			
Election Cam		c Signature of Registered Agel Trust Fund Contribution ().	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PC () Delete ZUKERMAN, HAIM 8750 - 12 GLADIOLUS DRIVE FT. MYERS, FL 33908			Title: Name: Address: City-St-Zip:	E: ZUKERMAN, HAIM M 20533 BISCAYNE BLVD.		
Title: Name: Address: City-St-Zip:	V () EVANS, JOHN H 1702 S. WASHIN TITUSVILLE, FL	NGTON AVENUE		Title: Name: Address: City-St-Zip:	()	Change () Addi	ition
Title: Name: Address: City-St-Zip:	VC () MARXER, PETE 9490 VADUZ RECHTSANWAL			Title: Name: Address: City-St-Zip:	()	Change () Addi	ition
Title: Name: Address: City-St-Zip:	D () ZUKERMAN, NE 7 DANIN STREE TEL AVIV ISRAE	т		Title: Name: Address: City-St-Zip:	()	Change () Addi	ition
Title: Name: Address: City-St-Zip:	D () ZEMER, IDIT 10 EINSTEIN ST RAANANA 46683			Title: Name: Address: City-St-Zip:	()	Change () Addi	ition

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

SIGNATURE: HAIM M. ZUKERMAN DIRE 04/04/2008