


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # F99000003405 1. Entity Name FOUNDATION PROPERTY MANAGEMENT, INC.	
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Principal Place of Business 911 N STUDEBAKER RD LONG BEACH, CA 90815-4900	Mailing Address 911 N STUDEBAKER RD LONG BEACH, CA 90815-4900
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 95-3651050	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000876194
04/11/08-80063-010-61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMINGTON, STEWART M 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MASUDA, TOM S 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTMAN, STUART 911 N STUDEBAKER LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOUFF, DEBORAH 911 STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAST, RAYMOND 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAWATA, TERUO 911 STUDEBAKER RD LONG BEACH, CA 908154900

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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 617, 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: Deborah J. Stouff Deborah J. Stouff, Secretary 3-24-08 562-257-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #