

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90013 038 \*\*\*\*61.25

<b>DOCUMENT # N35639</b> 1. Entity Name <b>THE "I AM" FOUNDATION, INC.</b>			
Principal Place of Business <b>C/O WILLIAM J. BOOTH 13128 PALMETTA CIRCLE DADE CITY, FL 33525 US</b>		Mailing Address <b>C/O WILLIAM J. BOOTH 13128 PALMETTA CIRCLE DADE CITY, FL 33525 US</b>	
2. Principal Place of Business <b>13128 Palmilla Circle</b>		3. Mailing Address <b>13128 Palmilla Circle</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Dade City</b>		City & State <b>Dade City</b>	
Zip <b>33525</b>		Zip <b>33525</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2984690</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOOTH, WILLIAM J 13128 PALMETTA CIRCLE DADE CITY, FL 33525</b>		7. Name and Address of New Registered Agent Name <b>Booth, William J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13128 Palmilla Circle</b> City <b>Dade City</b> <b>FL</b> Zip Code <b>33525</b>	
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 <u><i>William J Booth</i></u> DATE <u>1/31/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PDT</b>	NAME <b>BOOTH, WILLIAM J</b>	TITLE <b>PDT</b>	NAME <b>Booth, William J.</b>
STREET ADDRESS <b>13128 PALMETTA CIRCLE</b>	CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	STREET ADDRESS <b>13128 Palmilla Circle</b>	CITY-ST-ZIP <b>Dade City, FL 33525</b>
TITLE <b>SD</b>	NAME <b>WORRELL, RUBERT</b>	TITLE 	NAME 
STREET ADDRESS <b>P.O. BOX 534 N/A</b>	CITY-ST-ZIP <b>LACOOCHIEE, FL</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE <b>DV</b>	NAME <b>FORNERO, SHANDA</b>	TITLE 	NAME 
STREET ADDRESS <b>4608 HIDDEN SHADOW DR</b>	CITY-ST-ZIP <b>TAMPA, FL 33614</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
12. I hereby certify that the information supplied with this filing 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 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: <u><i>William J. Booth</i></u>		SIGNATURE: <u><i>William J. Booth</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-31-04</u> Daytime Phone # <u>352-429-3505</u>	