

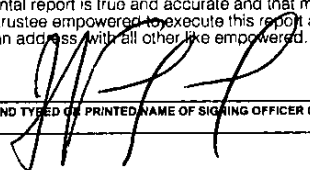


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 755735</b> 1. Entity Name THOMSEN FOUNDATION, INC.			
Principal Place of Business 701 E. COMMERCIAL BLVD. STE. 300 FORT LAUDERDALE, FL 33334		Mailing Address 701 E. COMMERCIAL BLVD. STE. 300 FORT LAUDERDALE, FL 33334	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01052007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2070983	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  THOMSEN, FRANCES D. 701 E COMMERCIAL BLVD #300 FORT LAUDERDALE, FL 33334		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000633392 02/21/07-80059-018 70.00	
TITLE	PTD		
NAME	THOMSEN, CARL J		
STREET ADDRESS	701 E COMMERCIAL BLVD, #300		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		
TITLE	SD		
NAME	THOMSEN, FRANCES		
STREET ADDRESS	701 E COMMERCIAL BLVD, #300		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		
TITLE	TR		
NAME	DAVIS, SUSAN		
STREET ADDRESS	701 E COMMERCIAL BLVD., #300		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		
TITLE	V		
NAME	VILLANUEVA, JOSE		
STREET ADDRESS	701 E COMMERCIAL BLVD., #300		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		JOSE VILLANUEVA 02/09/07 954-776-6333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	