


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # F96000006883 1. Entity Name THE PRINCE OF WALES FOUNDATION, INC.	
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Principal Place of Business 888 17TH STREET, N.W. SUITE 201 WASHINGTON, DC 20006	Mailing Address 888 17TH STREET, N.W. SUITE 201 WASHINGTON, DC 20006
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DO NOT WRITE IN THIS SPACE



05242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-3820023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENT, GEOFFREY J W BAHATI, MASAI LANE LANGATA, KENYA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOUSE, DORLAND 20 LOWER REGENT ST LONDON ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HIGDON, ROBERT 888 17TH ST., N.W., STE. 201 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRAR, LESLIE CLARENCE HOUSE LONDON, ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, CHRISTOPHER 60 5TH AVE. NEW YORK, NY 10011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000785380
 06/01/07-80002-022 61.25

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:  **5-24-07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #