
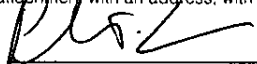


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90028 023 \*\*\*\*61.25

<b>DOCUMENT # F97000000846</b>			
1. Entity Name LIONS CLUBS INTERNATIONAL FOUNDATION, INC.			
Principal Place of Business 300 22ND STREET OAK BROOK, IL 60523-8842		Mailing Address 300 22ND STREET OAK BROOK, IL 60523-8842	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062006		Chg-NP CR2E037 (11/05)	
4. FEI Number 23-7030455		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8:75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <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, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<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	EA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETINA, GARY L	NAME	
STREET ADDRESS	300 22ND STREET	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKERIK, MARYELLEN	NAME	
STREET ADDRESS	300 22ND STREET	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE DR., TAE-SUP	NAME	Clement F. Kusiak
STREET ADDRESS	300 22ND STREET	STREET ADDRESS	300 22nd Street
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	Oak Brook, IL 60523-8842
TITLE	VC <input checked="" type="checkbox"/> Delete	TITLE	Vice Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'RILEY, W.R.	NAME	Somsakdi "Lo" Lovisuth
STREET ADDRESS	300 22ND STREET	STREET ADDRESS	300 22nd Street
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	Oak Brook, IL 60523-8842
TITLE	DM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANO, PHILIP	NAME	
STREET ADDRESS	300 22ND STREET	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	
TITLE	ID <input checked="" type="checkbox"/> Delete	TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARELLO, JACQUES	NAME	Luis Alfredo Almansa
STREET ADDRESS	15 BOULEVARD MERLE	STREET ADDRESS	300 22nd Street
CITY-ST-ZIP	MERSEILE FRANCE,	CITY-ST-ZIP	Oak Brook, IL 60523-8842
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.			
<b>SIGNATURE:</b> 		Phillip Albano	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	