2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# N09286

Entity Name: RESIDENTIAL FOUNDATION, INC.

Current Principal Place of Business:

4100 N.W 77TH AVE
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

5111 N.E 17TH AVENUE
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 59-2534130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESSELS, BARBARA F
5111 N.E 17TH AVENUE
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	WESSELS, ROBERT H	
Address:	5111 N.E. 17TH AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33334	
Title:	D	( ) Delete
Name:	PRADO, LAURA B	
Address:	420 ALEXANDRA CIRCLE	
City-St-Zip:	WESTON, FL 33326	
Title:	PD	( ) Delete
Name:	WESSELS, BARBARA	
Address:	5111 N.E. 17TH AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33334	
Title:	D	( ) Delete
Name:	HALL, MARCIA	
Address:	741 S.W. 95TH TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33025	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H WESSELS STD 01/16/2006

Electronic Signature of Signing Officer or Director — Date