
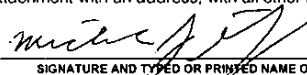


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90371 026 \*\*\*\*61.25

<b>DOCUMENT # 710959</b>			
1. Entity Name DRISCOLL FOUNDATION, INC.			
Principal Place of Business 7901 SW 6TH CT STE 150 A PLANTATION, FL 33324 US		Mailing Address 7901 SW 6TH CT STE 150 A PLANTATION, FL 33324 US	
2. Principal Place of Business <b>8211 W. BROWARD BLVD. PH2</b>		3. Mailing Address <b>8211 W. BROWARD BLVD. PH2</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PLANTATION, FL</b>		City & State <b>PLANTATION, FL</b>	
Zip <b>33324</b>		Zip <b>33324</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1142501</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARDER, MICHAEL E 201 EAST PINE STREET SUITE 500 ORLANDO, FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>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	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARDNER, FRANK C 7901 SW 6TH CT STE 150A PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARDNER, FRANK C 8211 W. BROWARD BLVD. PH2 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRISCOLL, W JOHN 30 E SEVENTH ST STE 2000 SAINT PAUL, MN 551014930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GEIFER, MICHAEL J 30 E SEVENTH ST STE 2000 SAINT PAUL, MN 551014930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, JOHN B 30 E SEVENTH ST STE 2000 SAINT PAUL, MN 551014930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		MICHAEL J. GIEFER <b>4/26/06</b> <b>651-228-0935</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT 40074278  
#710959  
FIDUCIARY COUNSELLING, INC.

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2000 Wells Fargo Place, 30 East Seventh Street, St. Paul, Minnesota 55101-4930 • Phone: 651.228.0935 Fax: 651.228.0776

April 26, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**CERTIFIED MAIL RECEIPT: 7004 2890 0000 7153 1599**

Ladies and Gentlemen:

Enclosed is the 2006 Not-For-Profit Corporation Annual Report which we are filing on behalf of the *Driscoll Foundation, Inc.* Also enclosed is a check in the amount of \$61.25 in payment of the filing fee.

Sincerely,

*D. L. Connors*  
DeDe L. Connors *15/mc*  
Tax Compliance Manager

alp  
Enclosures