


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90002 049 ****61.25

DOCUMENT # 702736	
1. Entity Name AMERICAN LAWN BOWLING ASSOCIATION MEMORIAL FOUNDATION, INC.	

Principal Place of Business 15609 N 99TH DRIVE SUN CITY, AZ 85351 US	Mailing Address 15609 N 99TH DRIVE SUN CITY, AZ 85351 US
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2. Principal Place of Business 1340 CANYONWOOD CT Suite, Apt. #, etc. 3 City & State WALNUT CREEK, CA Zip 94595 Country USA	3. Mailing Address 1340 CANYONWOOD CT Suite, Apt. #, etc. 3 City & State WALNUT CREEK, CA Zip 94595 Country USA
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07132006 Chg-NP CR2E037 (4/06)

4. FEI Number 95-3123143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROLLER, BURL 2447 ECUADORIAN WAY #19 CLEARWATER, FL 33763	7. Name and Address of New Registered Agent Name SANDRA SOUZA BARBARA ROLLER Street Address (P.O. Box Number is Not Acceptable) 1340 CANYONWOOD CT #3 2447 ECUADORIAN WAY City WALNUT CREEK FL Zip Code 33763
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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 *Barbara Roller* **BARBARA ROLLER** 7/13/06
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE CT	NAME STEWART, JOHN M	<input checked="" type="checkbox"/> Delete	TITLE CT	NAME SANDRA SOUZA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15609 N 99TH DR	CITY-ST-ZIP SUN CITY, AZ 853511207		STREET ADDRESS 1340 CANYONWOOD CT #3	CITY-ST-ZIP WALNUT CREEK, CA 94595	
TITLE D	NAME TURMAN, RAYMOND	<input checked="" type="checkbox"/> Delete	TITLE D	NAME BARBARA ROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1954 WOLF LAUREL DR	CITY-ST-ZIP SUN CITY CNTR, FL 33573		STREET ADDRESS 2447 ECUADORIAN WAY	CITY-ST-ZIP CLEARWATER, FL. 33763	
TITLE D	NAME DEGENHARDT, KENNETH P	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1209 E ROADSMEET ST	CITY-ST-ZIP MILWAUKEE, WI 53212		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME SMITH, COLIN	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 43 ONRIDE AVE	CITY-ST-ZIP LAKE HIAWATHA, NJ 07034		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME WEST, GEORGE	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1506 N ORCHARD	CITY-ST-ZIP TACOMA, WA		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME OGDEN, WOODRUFF	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2175 LAX 1ST LANE	CITY-ST-ZIP WALNUT CREEK, CA 94596		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: *Sandra Souza* **SANDRA SOUZA** 7/13/06 (925) 256-0307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #