


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90030 016 ****61.25

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DOCUMENT # 710444					
1. Entity Name ROBERT O. LAW FOUNDATION, INC.					
Principal Place of Business 1323 S. E. THIRD AVENUE FORT LAUDERDALE, FL 33316			Mailing Address 1323 S. E. THIRD AVENUE FORT LAUDERDALE, FL 33316		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-0914810				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			7. Name and Address of New Registered Agent		
LOVING, JACK R 1323 S.E. THIRD AVE FORT LAUDERDALE, FL 33316			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>					
Filing Fee is \$61.25 Due by May 1, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAW, ROBERT O., III		NAME		
STREET ADDRESS	50 E ROAD # 6-D		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33483		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAW, MARY JANE		NAME		
STREET ADDRESS	300 S. SYKES CREEK PKWY #208		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEONARD, WILLIAM F		NAME		
STREET ADDRESS	1995 E. OAKLAND PARK BLVD #105		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change
NAME	HART, LESLIE LAW		NAME		
STREET ADDRESS	705-2 E. BIDWELL ST. #198		STREET ADDRESS		
CITY-ST-ZIP	FOLSOM, CA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAW, ROBERT O IV		NAME		
STREET ADDRESS	661 SE 5TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33060		CITY-ST-ZIP		
TITLE	DAS	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change
NAME	USBECK, CAROL J		NAME		
STREET ADDRESS	8516 N.W. 57TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		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: <u>Carol J. Usbeck, Secretary</u>			Date: <u>1-4-2006</u>		Daytime Phone #: <u>954-764-1005</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					