


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 031 ****70.00

DOCUMENT # 717052	
1. Entity Name TEMPLE EDUCATIONAL FOUNDATION, INC.	

Principal Place of Business 3300 NW 17TH AVE P.O. BOX 420159 MIAMI, FL 33142	Mailing Address 3300 NW 17TH AVE P.O. BOX 420159 MIAMI, FL 33142
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2. Principal Place of Business	3. Mailing Address 8357 W. FLAGLER ST.
Suite, Apt. #, etc.	# Suite, Apt. #, etc. # 319
City & State	City & State MIAMI FL.
Zip	Country
33144	USA

	
01162006	Chg-NP
CR2E037 (11/05)	
4. FEI Number 59-1269743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PANKEY, RICHARD A 3300 NW 17TH AVE MIAMI, FLORIDA MIAMI, FL 33142	

7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PANKEY, RICHARD A. 3300 N W 17 AVE. MIAMI FL. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILFREDO, MIRANDA 3300 NW 17TH AVE MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HODGES, ROBERT 4631 SCHOONER LANE LYNN HAVEN, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANICE L. PANKEY 3300 NW 17TH AVE. MIAMI, FL. 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Richard A. Pankey* **RICHARD A. PANKEY** **3-2-06** **305-775-1355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #