2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# 732254

Entity Name: ANNA AND NATHAN FLAX FOUNDATION, INC.

Current Principal Place of Business:

% LURIA
4607 KING PALM DR
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

% LURIA
4607 KING PALM DR
TAMARAC, FL 33319

New Mailing Address:

ANNA AND NATHAN FLX FOUNDATION
PO BOX 1884
ASHEBORO, NC 27204

FEI Number: 23-7028881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LURIA, MILDRED
4607 KING PALM DRIVE
HOLLYWOOD, FL
TAMARAC, FL 33319 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:	LURIA, MILDRED,	
Address:	4607 KING PALM DR	
City-St-Zip:	TAMARAC, FL 33319,	
Title:	VD	( ) Delete
Name:	LURIA, HOWARD D	
Address:	862 SIR FRANCIS DRAKE BLVD #288	
City-St-Zip:	SAN ANSELMO, CA 94960	
Title:	PD	( ) Delete
Name:	LURIA, ALAN MD,	
Address:	220 FOUST ST.	
City-St-Zip:	ASHEBORO, NC., 27203	

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:	

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: ALAN S. LURIA, MD PRES 04/12/2006

Electronic Signature of Signing Officer or Director — Date