


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90045 019 ****61.25

DOCUMENT # 766184	
1. Entity Name AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDATION, INC.	

Principal Place of Business 220 FIFTH AVE, SUITE 1301 NEW YORK, NY 10001 US	Mailing Address 220 FIFTH AVE, SUITE 1301 NEW YORK, NY 10001 US
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60004982



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number 13-3145161	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANATATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, KOBI 220 FIFTH AVENUE NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Please see attached for full list of officers/directors.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPOR, SHIMON 650 MADISON AVE NEW YORK, NY 10022 <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 ARISON, MICKY 220 FIFTH AVENUE NEW YORK, NY 10001 <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	T GREENBERG, STEPHEN 616 SOUTH ORANGE AVE MAPLEWOOD, NJ 10017 <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 RIKLIS, IRA 32 E 57 ST, 16TH FL NEW YORK, NY 10022 <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 KIFERBAUM, JACOB 790 ESTATE DRIVE DEERFIELD, IL 60015 <input checked="" 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: *AVI MAIDENBERG* **AVI MAIDENBERG** 1/17/06 212-447-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 60004982
#766184

THE AMERICAN COMMITTEE FOR THE TEL AVIV

13-3145161

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
IRA D. RIKLIS 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
SHIMON TOPOR 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
KOBI ALEXANDER 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
MICKY ARISON 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
MAKS BIRNBACH 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
STEPHEN GREENBERG 220 FIFTH AVENUE NEW YORK, NY 10001	SECRETARY/TREASURER 0.	0.	0.	0.
RICHARD HIRSCH 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
BERNARD KOSSAR 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
JACK MANDEL 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
ARLENE STRELITZ 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
STUART SUBOTNICK 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.

ATTACHMENT 60004982

THE AMERICAN COMMITTEE FOR THE TEL AVIV #766184

13-3145161

JOSH WESTON 220 FIFTH AVENUE NEW YORK, NY 10001	CHAIRMAN 0.	0.	0.	0.
GISSOU FARAH 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
MARVIN LENDER 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
DAVID C ALBALAH 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
JOSE GALICOT 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
HARVEY KREUGER 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
WALTER LIEBER 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
KIMBERLY MOR 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
LEWIS NORRY 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
DAN RUBIN 220 FIFTH AVENUE NEW YORK, NY 10001	DIRECTOR 0.	0.	0.	0.
MARK SELINGER 220 FIFTH AVENUE NEW YORK, NY 10001	ASSISTANT TREASURER 0.	0.	0.	0.
AVI MAIDENBERG 220 FIFTH AVENUE NEW YORK, NY 10001	EXECUTIVE DIRECTOR 0.	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

0. 0. 0.