2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 03, 2006 8:00 am Secretary of State 02-03-2006 90010 004 ****61.25

1. Entity Nam	MENT #816961 A HAVEN CHARITABLE FO	DUNDATION				02-03-200	90010 V	JU4 *****c	01.25
Principal Place 555 COLORA STUART, FL	DO AVE	Mailing Addre PO DRAWER STUART, FL	1978						
2. Principal P	lace of Business	3. Mailing Add	ress						
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			Chg-NP	CR2E0	37 (11/05)	
City & State		City & State		4. FEI Numb 13-609	9012			pplied For ot Applicable	
Zip	Country	Zip	Col	untry	5. Certificate	of Status Desired	; <u></u>	\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agen	t		7. Name and	Address of New	Registered.	Agent	
CRARY	AWRENCE R III			Name					
	RADO AVE			Street Ad	dress (P.O. Box Numb	er is Not Accepta	ble)		
	• "			City			FL	Zip Code	e
SIGNATURE .	ions of registered agent.								
	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	ed Agent signatur	e required when reinstating)		DATE		
	Signature, lyped or parted name of registered ager Filling Fee is \$61.25 Due by May 1, 2006	9. E	(NOTE: Register Election Campaign I rust Fund Contribu	Financing	\$5.00 May E Added to Fees	3e Fi		k payable te	
10.	Filing Fee is \$61.25	9. E	lection Campaign I	Financing Ition. [\$5.00 May 8 Added to Fees	FI ANGES TO OFFIC	Make chec orida Depar	tment of St	tate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006	9. E	Election Campaign I rust Fund Contribu 11. Oelete IIIL	Financing Ition.	\$5.00 May 8 Added to Fees		Make chec orida Depar	tment of St	tate
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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:

| SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #