

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90373 013 ****70.00

DOCUMENT # F04000003136					
1. Entity Name LOTTERY WINNERS ASSOCIATION, INC.					
Principal Place of Business 6501 PARK OF COMMERCE BLVD., SUITE 115 BOCA RATON, FL 33487			Mailing Address 1128 ROYAL PALM BEACH BLVD., SUITE 475 ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business 3301 QUANTUM BLVD Suite, Apt. #, etc. SUITE 201 City & State BOYNTON BEACH, FL Zip 33426-8669		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA		4. FEI Number 20-0734521 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent KAUFMAN, AMY 6501 PARK OF COMMERCE BLVD., SUITE 115 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name KAUFMAN, AMY Street Address (P.O. Box Number is Not Acceptable) 3301 QUANTUM BLVD. SUITE 201 City BOYNTON BEACH FL Zip Code 33426-8669		
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 <u><i>Amy L Kaufman</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/12/06</u> <small>(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 NAME STREET ADDRESS CITY-ST-ZIP	CP ANDERSON, DONNA 1385 SJOREN LANE HERMISTON, OR 97838	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTUCCI, ANTHONY 5501 COASTAL DRIVE BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, ANTHONY 5030 CHAMPION BLVD., G6 #284 BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, DONNA 1385 SJOREN LANE HERMISTON, OR 97838	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KAUFMAN, AMY 6418 NW 99 AVENUE PARKLAND, FL 33076	<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"/> 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: <u><i>Amy L Kaufman</i></u> <u>AMY L. KAUFMAN</u> <u>4/12/06</u> <u>800.370.2709</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					