


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

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007088 1. Entity Name THOMAS HARTMAN FOUNDATION FOR PARKINSON'S RESEARCH INC.	
--	---

Principal Place of Business 72 WEST MAIN ST EAST ISLIP, NY 11730	Mailing Address 72 WEST MAIN ST EAST ISLIP, NY 11730
--	--

DO NOT WRITE IN THIS SPACE



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 38-3695135	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent CASSIDY, MARY 10630 MILL RIVER NEW PORT RICHEY, FL 34654
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

Filing Fee is \$61.25 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HARTMAN, THOMAS 72 WEST MAIN ST EAST ISLIP, NY 11730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CILIBERTI, LOUIS 1800 WALT WHITMAN DR. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANADEO, ERNEST 129 EAST MARIE ST. HICKSVILLE, NY 11801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CASSIDY, MARY 72 WEST MAIN ST EAST ISLIP, NY 11730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSIDY, BRIAN 70 WEST MAIN ST EAST ISLIP, NY 11730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCHISOTTA, JOHN 1800 WALT WHITMAN RD MELVILLE, NY 11747

U000000576644
09/11/06-80003-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Sep 4, 2006 631/2779655 <small>Date Daytime Phone #</small>
--	---