

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90101 041 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                            |                                                                                                              |                                                                                                     |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # F94000004780</b><br>1. Entity Name<br>TEMPLETON DRAGON FUND, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                            |                                                                                                              |                                                                                                     |                                                                              |
| Principal Place of Business<br>500 EAST BROWARD BLVD.<br>STE 2100<br>FT LAUDERDALE, FL 33394-3091                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                            | Mailing Address<br>500 EAST BROWARD BLVD.<br>STE 2100<br>FT LAUDERDALE, FL 33394-3091                        |                                                                                                     |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | 3. Mailing Address                         |                                                                                                              |                                                                                                     |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Suite, Apt. #, etc.                        |                                                                                                              |                                                                                                     |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | City & State                               |                                                                                                              | 4. FEI Number<br>65-0473580                                                                         |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Country                                    |                                                                                                              | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                            |                                                                                                              | 7. Name and Address of New Registered Agent                                                         |                                                                              |
| WEBER, LORI A<br>500 E BROWARD BLVD<br>STE 2100<br>FT. LAUDERDALE, FL 33394-3091                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                            |                                                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                  |                                                                              |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                            |                                                                                                              | FL Zip Code                                                                                         |                                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                            |                                                                                                              |                                                                                                     |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                     |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                        |                                                                                                     |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VD                             | <input checked="" type="checkbox"/> Delete | TITLE                                                                                                        | D                                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FLANAGAN, MARTIN L.            |                                            | NAME                                                                                                         | Niamiec, David W.                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ONE FRANKLIN PARKWAY           |                                            | STREET ADDRESS                                                                                               | 500 East Broward Blvd., Ste 2100                                                                    |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAN MATEO, CA 944031906        |                                            | CITY-ST-ZIP                                                                                                  | Fort Lauderdale, FL 33394-3091                                                                      |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AS                             | <input type="checkbox"/> Delete            | TITLE                                                                                                        | D                                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WEBER, LORI A                  |                                            | NAME                                                                                                         | Thompson, Larry D.                                                                                  |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 500 EAST BROWARD BLVD STE 2100 |                                            | STREET ADDRESS                                                                                               | 500 East Broward Blvd., Ste 2100                                                                    |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORT LAUDERDALE, FL 333943091  |                                            | CITY-ST-ZIP                                                                                                  | Fort Lauderdale, FL 33394-3091                                                                      |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                              | <input type="checkbox"/> Delete            | TITLE                                                                                                        | D                                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ASHTON, HARRIS J               |                                            | NAME                                                                                                         | Wade, Robert E.                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 500 EAST BROWARD BLVD STE 2100 |                                            | STREET ADDRESS                                                                                               | 500 East Broward Blvd., Ste 2100                                                                    |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORT LAUDERDALE, FL 333943091  |                                            | CITY-ST-ZIP                                                                                                  | Fort Lauderdale, FL 33394-3091                                                                      |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AT                             | <input type="checkbox"/> Delete            | TITLE                                                                                                        | VAS                                                                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DEBELLIS, KAREN P              |                                            | NAME                                                                                                         | Tyle, Craig S.                                                                                      |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100 FOUNTAIN PARKWAY           |                                            | STREET ADDRESS                                                                                               | One Franklin Parkway                                                                                |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAINT PETERSBURG, FL 337161205 |                                            | CITY-ST-ZIP                                                                                                  | San Mateo, CA 94403-1906                                                                            |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VAS                            | <input type="checkbox"/> Delete            | TITLE                                                                                                        |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GREEN, BARBARA J               |                                            | NAME                                                                                                         |                                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ONE FRANKLIN PARKWAY           |                                            | STREET ADDRESS                                                                                               |                                                                                                     |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAN MATEO, CA 94403-1906       |                                            | CITY-ST-ZIP                                                                                                  |                                                                                                     |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | <input type="checkbox"/> Delete            | TITLE                                                                                                        |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                            | NAME                                                                                                         |                                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                            | STREET ADDRESS                                                                                               |                                                                                                     |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                            | CITY-ST-ZIP                                                                                                  |                                                                                                     |                                                                              |
| 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 607, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                            | Lori A. Weber                                                                                                |                                                                                                     |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                            | Date                                                                                                         |                                                                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                            | Daytime Phone #                                                                                              |                                                                                                     |                                                                              |

(954) 847-2283

ATTACHMENT

40061460  
#F94000004780

FRANKLIN TEMPLETON  
INVESTMENTS

100 Fountain Parkway  
St. Petersburg, FL 333716-1205  
Facsimile 727.299.8752  
Telephone 727.299.7631

April 21, 2006

Division of Corporation  
409 East Gaines Street  
Tallahassee, FL 32399

Re: **Templeton Dragon Fund, Inc.**  
**Templeton Funds, Inc.**  
**Templeton Growth Fund, Inc.**  
**Templeton Institutional Funds, Inc.**  
**Templeton Russia and East European Fund, Inc.**

Dear Sir/Madam:

Please find enclosed original executed 2006 Annual Reports for each of the above referenced Templeton Funds.

Also please find enclosed for each fund a check in the amount of one hundred fifty-eight dollars and seventy-five cents (\$158.75) in payment of the required filing fee and Certificate of Status for the above applications. In addition, **please have the extra copy of this letter date stamped and returned to in the enclosed self-addressed, stamped envelope.**

Please notify me if you need any additional informational at 1-800/237-0738, ext. 37631.

Sincerely,



Debra A. Carter  
Paralegal

Enclosures

# ATTACHMENT

40061460

#794000004780

TEMPLETON DRAGON FUND, INC.

Continuation of Question No. 10 (Additions/Changes to Officers and Directors in 11):

| <u>Title</u> | <u>Names of Officers &amp; Directors</u> | <u>Street Address/City &amp; State</u>                                              |
|--------------|------------------------------------------|-------------------------------------------------------------------------------------|
| C/V/D        | Johnson, Charles B.                      | One Franklin Parkway<br>San Mateo, CA 94403-1906                                    |
| D            | <del>Brady, Nicholas F.</del>            | <del>500 East Broward Blvd.<br/>Suite 2100<br/>Fort Lauderdale, FL 33394-3091</del> |
| D            | <del>Millsaps, Fred R.</del>             | <del>500 East Broward Blvd.<br/>Suite 2100<br/>Fort Lauderdale, FL 33394-3091</del> |
| D            | Fortunato, S. Joseph                     | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091              |
| D            | Macklin, Gordon S.                       | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091              |
| D            | Holiday, Edith E.                        | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091              |
| D            | Crothers, Frank J.                       | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091              |
| D            | Olson, Frank A.                          | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091              |
| D            | Tseretopoulos, Constantine D.            | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091              |
| P/CEO        | Mobius, Mark                             | 17 <sup>th</sup> Floor, The Chater House<br>8 Connaught Road<br>Central Hong Kong   |
| SV/CEO       | Gambill, Jimmy D.                        | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091              |
| V            | Johnson, Rupert H., Jr.                  | One Franklin Parkway<br>San Mateo, CA 94403-1906                                    |
| V            | Burns, Harmon E.                         | One Franklin Parkway<br>San Mateo, CA 94403-1906                                    |

ATTACHMENT

40665460  
# 794000004780  
TEMPLETON DRAGON FUND, INC.

Continuation of Question No. 10 (Additions/Changes to Officers and Directors in 11):

| <u>Title</u> | <u>Names of Officers &amp; Directors</u> | <u>Street Address/City &amp; State</u>                                                      |
|--------------|------------------------------------------|---------------------------------------------------------------------------------------------|
| V            | Everett, Jeffrey A.                      | PO Box N-7759<br>Lyford Cay<br>Nassau, Bahamas                                              |
| V            | Kay, John R.                             | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091                      |
| V/AS         | <del>Simpson, Murray L.</del>            | <del>One Franklin Parkway<br/>San Mateo, CA 94403-1906</del>                                |
| V/AS         | Goss, David P.                           | One Franklin Parkway<br>San Mateo, CA 94403-1906                                            |
| V            | <del>Magdol, Michael O.</del>            | <del>600 Fifth Avenue<br/>Rockefeller Center<br/>New York, NY 10020</del>                   |
| AV           | Kuersteiner, Richard L.                  | One Franklin Parkway<br>San Mateo, CA 94403-1906                                            |
| S            | Rosselot, Robert C.                      | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091                      |
| AT           | Lewis, Kenneth A.                        | One Franklin Parkway<br>San Mateo, CA 94403-1906                                            |
| AS           | Barry, Sheila M.                         | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091                      |
| CCO/V        | Davis, James M.                          | One Franklin Parkway<br>San Mateo, CA 94403-1906                                            |
| T            | Seward, Gregory R.                       | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091                      |
| CFO/CAO      | Vetter, Galen G.                         | 500 East Broward Blvd.<br>Suite 2100<br>Fort Lauderdale, FL 33394-3091                      |
| AT           | <u>Shaneyfelt, Gwen L.</u>               | <u>500 East Broward Blvd.</u><br><u>Suite 2100</u><br><u>Fort Lauderdale, FL 33394-3091</u> |