


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

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # F96000000924 1. Entity Name NEISSERIA MENINGITIS FOUNDATION, INC.	
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Principal Place of Business 9109 CANBERLEY DR TAMPA, FL 33647	Mailing Address 9109 CANBERLEY DR TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 36-3552590	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

**ARKIN, JEROME
9109 CANBERLEY DR
TAMPA, FL 33647**

**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 _____ U000000381814
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) 01/11/06-80070-023 61.25 DATE

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCDS ARKIN, JEROME 9109 CANBERLEY DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ARKIN, JEROME 9109 CANBERLEY DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARKIN, BETTY 9109 CANBERLEY DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WECHTER, THOMAS 6600 SEARS TOWER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: *Jerome Arkin (Jerome Arkin)* PRES. 1/8/06 813 973-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #