

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80314

FILED
Apr 19, 2006
Secretary of State

Entity Name: BEN FRANKLIN FLORIDA ENTERPRISES, INC.

Current Principal Place of Business:

701 LEE ST. SUITE 1000
DES PLAINES, IL 60016

New Principal Place of Business:

New Mailing Address:

156 WEST 56TH STREET
SUITE 1604
NEW YORK, NY 10019

Current Mailing Address:

701 LEE ST. SUITE 1000
DES PLAINES, IL 60016

FEI Number: 65-0050675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCFO () Delete
Name: MUELLER, KURT M
Address: 1009 ASHLAND
City-St-Zip: WILMETTE, IL

Title: D () Delete
Name: LANUM, MONICA C
Address: 731-302 BODE CIRCLE
City-St-Zip: HOFFMAN ESTATES, IL 60194

Title: ST () Delete
Name: EVANS, BLANE P
Address: 701 LEE ST STE 1000
City-St-Zip: DES PLAINES, IL 60016

Title: AS () Delete
Name: BORY, JUDITH A.
Address: 358 CAROL DRIVE
City-St-Zip: MASSAPEQUA PARK, NY 11762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DAS (X) Change () Addition
Name: BORY, JUDITH
Address: 358 CAROL DRIVE
City-St-Zip: MASSAPEQUA PARK, NY 10019

Title: DST (X) Change () Addition
Name: EVANS, BLANE P
Address: 701 LEE ST STE 1000
City-St-Zip: DES PLAINES, IL 60016

Title: VP (X) Change () Addition
Name: LOPATER, LAWRENCE
Address: 156 WEST 56TH STREET, SUITE 1604
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH BORY

AS

04/19/2006

Electronic Signature of Signing Officer or Director

Date