


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # N00000002954 1. Entity Name THE KEVIN CLARK HULLIHAN FOUNDATION, INC.	
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Principal Place of Business 840 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408	Mailing Address 840 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408
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03272007 No Chg-NP CR2E037 (4/06)

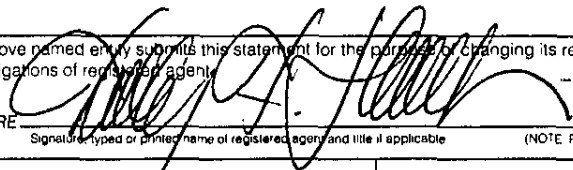
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1002798	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 HULLIHAN, TIMOTHY F 840 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408

**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  **4/4/07**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

VD HULLIHAN, WILLIAM F 333 ANCHORAGE DR NORTH PALM BEACH, FL 33408
JD HULLIHAN, JEANNE 333 ANCHORAGE DR NORTH PALM BEACH, FL 33408
PD HULLIHAN, TIMOTHY F 840 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408
ESS HULLIHAN, TIMOTHY F 840 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408
ADDRESS ST- ZIP
LE ME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP

U00000697198
04/18/07-80031-006 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 to this address, with all other like entries covered.

SIGNATURE:  **4/4/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #