


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90165 001 ***361.25

DOCUMENT # N00000007886		
1. Entity Name JAMES HELD & KENN KARAKUL CHARITABLE FOUNDATION, INC.		

Principal Place of Business 754 SOUTH COUNTY ROAD PALM BEACH, FL 33480	Mailing Address PO BOX 2589 PALM BEACH, FL 33480
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66000768



2. Principal Place of Business 101 El Vedado Rd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262006 Chg-NP CR2E037 (11/05)

City & State PALM BEACH, FL	City & State
Zip 33480	Country USA

4. FEI Number 52-2280075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KARAKUL, KENN 754 SOUTH COUNTY ROAD PALM BEACH, FL 33480	
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7. Name and Address of New Registered Agent Name KARAKUL, KENN Street Address (P.O. Box Number is Not Acceptable) 101 El Vedado Rd City PALM BEACH FL Zip Code 33480	
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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 _____
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELD, JAMES 754 SOUTH COUNTY ROAD PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELD, JAMES 101 El Vedado Rd PALM BEACH FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAKUL, KENN 754 SOUTH COUNTY ROAD PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAKUL, KENN 101 El Vedado Rd PALM BEACH FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

HECHT & COMPANY, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

111 WEST 40th STREET
NEW YORK, N.Y. 10018

(212) 819-8000

FAX (212) 944-5852

46000768
#1108000007886

TO: james held & kenn karakul charitable foundation, inc.

01/26/2006

INSTRUCTIONS FOR FILING ATTACHED TAX RETURN

RETURN ENCLOSED (FOR YEAR) 2006	2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPOF
TO BE SIGNED AND DATED BY	Line 12: OFFICER
AMOUNT OF TAX	\$61.25
MAKE CHECKS PAYABLE TO	FLORIDA DEPARTMENT OF STATE
MAIL RETURN SO AS TO ARRIVE BY MAY 1, 2006	DIVISION OF CORPORATIONS P.O. BOX1500 TALAHASSEE, FLORIDA 32302-1500
OVERPAYMENT	
REMARKS	COPY OF RETURN ENCLOSED FOR YOUR FILES. RETAIN THIS SHEET -- DO NOT MAIL