


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # N0100000819
 1. Entity Name
TOWARD A MORE PERFECT UNION, INC.



Principal Place of Business Mailing Address
500 SOUTH AUSTRALIAN AVENUE **500 SOUTH AUSTRALIAN AVENUE**
SUITE 645 **SUITE 645**
WEST PALM BEACH, FL 33401 **WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



05032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0379338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHCHILD, WILLIAM H
500 SOUTH AUSTRALIAN AVENUE
SUITE 645
WEST PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

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

U00000564244
05/20/06-80048-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ROTHCHILD, WILLIAM H 500 SOUTH AUSTRALIAN AVENUE, STE 645 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'BRIEN, THOMAS G 272 EAGLETON ESTATES BLVD PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANDOLPH, JOHN C 505 S. FLAGLER DR, STE 1100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBBOLE, GAETANA 1919 N FLAGLER DR WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HAWKINS, WILFRED CITY OF BOYNTON BEACH PO BOX BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBLEE, SANDRA 136 S MAIN ST BELLE GLADE, FL 33430

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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: *Wm. Rothchild* **WM. ROTHCHILD** **5/3/06** **561-832-3336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #