

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2006
Secretary of State**

DOCUMENT# N01000001475

Entity Name: THE ALAN AND KAREN COHEN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3320 FAIRFIELD LANE
WESTON, FL 33331

New Principal Place of Business:

3420 STALLION LANE
WESTON, FL 33331

Current Mailing Address:

3320 FAIRFIELD LANE
WESTON, FL 33331

New Mailing Address:

3420 STALLION LANE
WESTON, FL 33331

FEI Number: 65-1085255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACRAC INC
13800 NW 2ND STRRET
190
SUNRISE, FL 33325 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHEN, ALAN P
Address: 3320 FAIRFIELD LANE
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: COHEN, KAREN
Address: 3320 FAIRFIELD LANE
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: COHEN, STANLEY
Address: 3320 FAIRFIELD LANE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COHEN, ALAN P
Address: 3420 STALLION LANE
City-St-Zip: WESTON, FL 33331

Title: D (X) Change () Addition
Name: COHEN, KAREN
Address: 3420 STALLION LANE
City-St-Zip: WESTON, FL 33331

Title: D (X) Change () Addition
Name: COHEN, STANLEY
Address: 3420 STALLION LANE
City-St-Zip: WESTON, FL 33331

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN P COHEN

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date