2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007053

FILED Apr 30, 2006 Secretary of State

Entity Name: AMERICAN FOUNDATION LIBERTY & DEMOCRACY, INC.

Current Principal Place of Business: New Principal Place of Business: 539 TALAVERA RD. WESTON, FL 33326 **Current Mailing Address: New Mailing Address:** 539 TALAVERA RD WESTON, FL 33326 FEI Number: 33-1022007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALAZAR, GONZALO 539 TALAVERA RD. WESTON, FL 33326 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SALAZAR, GONZALO Name: Name: 539 TALAVERA RD. Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: VDT () Delete Title: (X) Change () Addition Name: SEGA, MARIA CARMEN Name: SEGA, MARIA CARMEN Address: 539 TALAVERA RD. Address: 539 TALAVERA RD. City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326 Title: () Delete Title: () Change () Addition SALAZAR, ROXANA Name: Name: 539 TALAVERA RD. Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: () Delete Title: VD (X) Change () Addition Name: LOVERA, VICTOR Name: LOVERA, VICTOR 539 TALAVERA RD. Address: 539 TALAVERA RD. Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326

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: GONZALO SALAZAR PD 04/30/2006