


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90016 048 ****61.25

DOCUMENT # N02000007518	
1. Entity Name VANKAMPEN PIERRE FOUNDATION, INC.	

Principal Place of Business 5378 ISLEWORTH CLUB DR WINDERMERE, FL 34786 US	Mailing Address 5378 ISLEWORTH CLUB DR WINDERMERE, FL 34786 US
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2. Principal Place of Business 5378 Isleworth Country Club Dr.	3. Mailing Address 5378 Isleworth Country Club Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01312006 Chg-NP	CR2E037 (11/05)
4. FEI Number 16-1632669	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	
PIERRE, SCOTT R 5378 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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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	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, SCOTT R	NAME	
STREET ADDRESS	5378 ISLEWORTH COUNTRY CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 34786	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN KAMPEN-PIERRE, KARLA M	NAME	
STREET ADDRESS	5378 ISLEWORTH COUNTRY CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 34786	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDES, FRANK W	NAME	
STREET ADDRESS	4N280 WATERFORD LANE	STREET ADDRESS	
CITY-ST-ZIP	WEST CHICAGO, IL 60185	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Karla M. Van Kampen-Pierre*