2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008395

FILED Jan 04, 2006 Secretary of State

Entity Name: MAX LINDEMANN MEMORIAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1455 OCEAN DRIVE #1406 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 1455 OCEAN DRIVE #1406 MIAMI BEACH, FL 33139 FEI Number: 16-1636622 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: NELSON, BARRY A LINDEMANN, GEORGE 2775 SUNNY ISLES BLVD STE 118 1455 OCEAN DRIVE NORTH MIAMI, FL 33160 #1406 MIAMI BEACH, FL 33139 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: GEORGE LINDEMANN 01/04/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LINDEMANN, GEORGE Name: Name: 1455 OCEAN DRIVE #1406 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LINDEMANN, HENRY Name: Address: 1455 OCEAN DRIVE #1406 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition LINDEMANN, STELLA Name: Name: 1455 OCEAN DRIVE #1406 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LINDEMANN, ROBERT Name: Address: 1455 OCEAN DRIVE #1406 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip:

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: GEORGE LINDEMANN D 01/04/2006