2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000001491

t. Entity Name
THE AMERICAN LEBANESE FOUNDATION, INC.



FILED Apr 17, 2006 08:00 AM Secretary of State

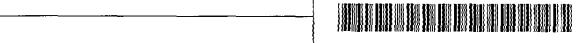
Principal Place of Business

SIGNATURE:

1915 BRICKELL AVENUE #C701 MIAMI, FL 33129

Mailing Address

PO BOX 450873 MIAMI, FL 33245



DO NOT WRITE IN THIS SPACE

04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0760960

Applied For Not Applicable

5. Certificate of Status Desired

4/4/06

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

		{		
8. The above the obligat	named entity submits this statement for the plants of registered agent.	purpose of changing its registered	office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable [f(OTE: Registered)	igent signature required when reinstating)	ÜKTË
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finance Trust Fund Contribution.	ing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CHY-SI-ZIP	D CHAHINE, ROBERT DR. 1915 BRICKELL AVENUE #C701 MIAMI, FL 33129			U00000514579
HITE HAME STREET ADDRESS CHY-SY-TIP	D MAHFOUD, TONY PO BOX 450873 MIAMI, FL 33245			04/29/06-80178-001 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILISSANLY, PETER PO BOX 450873 MIAMI, FL 33245		DO	NOT WRITE
TITLE NAME STREET ADDRESS CUTY-ST-UP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME SIFEET ADDRESS CUTY-ST-ZIP		·		
12. I hereby certify that the information supplied with this filling 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 it 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 517, 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.				

RING OFFICER OR DIRECTOR