2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004362

FILED Jan 11, 2006 Secretary of State

Entity Name: AMERICAN LAW AND POLICY FOUNDATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ONUT KEY CO ACH GARDEN:				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	ONUT KEY CO ACH GARDEN:				
FEI Numbei	r: 83-0358818	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
PALM BE,	ONUT KEY CO ACH GARDEN:	S, FL 33418 US	purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
SIGNATU		ic Signature of Registered Ag	gent	Date	
		0 0		Date GES TO OFFICERS AND DIRECTOR	
OFFICER Fitle: Name: Address:	Electron	TORS: Delete I L F DR			
DFFICER Title: dame: Address: City-St-Zip: Title: Jame: Address:	Electron S AND DIREC DP () BAKST, DAREN 2812 RED LEAL LEXINGTON, K	TORS: Delete IL F DR Y 40509 Delete PHEN	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
	Electron S AND DIREC DP () BAKST, DAREN 2812 RED LEAI LEXINGTON, K D () RUSSELL, STE 415 DEVON DR JOHNSTON, PA	TORS: Delete IL F DR Y 40509 Delete PHEN L 15904 Delete N NRD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR: () Change () Addition	
DFFICER Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address:	Electron S AND DIREC DP () BAKST, DAREN 2812 RED LEAI LEXINGTON, K D () RUSSELL, STE 415 DEVON DR JOHNSTON, PA D () RUBOY, SUSAR 3624 GUNSTON ALEXANDRIA, N	Delete IL F DR Y 40509 Delete PHEN A 15904 Delete N RD J/A 22302 Delete DRA PT 2K	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR: () Change () Addition () Change () Addition	

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: ELAINE M. BAKST RA/S 01/11/2006