

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 02, 2006**  
**Secretary of State**

DOCUMENT# N03000008612

**Entity Name:** THE TREVOR DUHANEY FOUNDATION, INC.**Current Principal Place of Business:**C/O TREVOR DUHANEY  
1559 NW 82ND AVE  
MIAMI, FL 33126**New Principal Place of Business:**C/O TREVOR DUHANEY  
8300 NW 7TH AVENUE  
MIAMI, FL 33150**Current Mailing Address:**C/O TREVOR DUHANEY  
1559 NW 82ND AVE  
MIAMI, FL 33126**New Mailing Address:**C/O TREVOR DUHANEY  
8300 NW 7TH AVENUE  
MIAMI, FL 33150**FEI Number:** 30-0207076**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DUHANEY, TREVOR  
1559 NW 82ND AVE  
DORAL, FL 33126 US**Name and Address of New Registered Agent:**DUHANEY, TREVOR  
8300 NW 7TH AVENUE  
MIAMI, FL 33150 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: \_\_\_\_\_

10/02/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** VP ( ) Delete  
**Name:** DUHANEY, ELSIE  
**Address:** 15538 NW 83 PLACE  
**City-St-Zip:** MIAMI LAKES, FL 33016**Title:** VP ( ) Delete  
**Name:** THUMPKIN, MARY  
**Address:** 20834 SAN SIMEON WAY, #C-65  
**City-St-Zip:** MIAMI, FL 33179**Title:** S ( ) Delete  
**Name:** PINO, MARIA C  
**Address:** 15969 NW 64 AVENUE #212  
**City-St-Zip:** MIAMI, FL 33014**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** CH ( ) Change (X) Addition  
**Name:** DUHANEY, TREVOR G  
**Address:** 8300 NW 7TH AVENUE  
**City-St-Zip:** MIAMI, FL 33150

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: MARIA C. PINO

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10/02/2006

Electronic Signature of Signing Officer or Director

Date