


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90033 013 ****61.25

DOCUMENT # N03000010412	
1. Entity Name MICHAEL AND PEPI KAHN FAMILY FOUNDATION, INC.	

Principal Place of Business 330 ALA NORTH SUITE 322 PONTE VEDRA BEACH, FL 32082	Mailing Address 330 ALA NORTH SUITE 322 PONTE VEDRA BEACH, FL 32082
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60018864



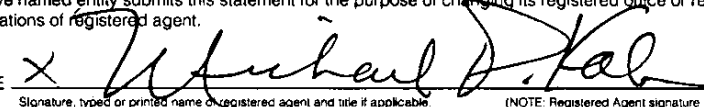
2. Principal Place of Business - No P.O. Box # 330 A1A NORTH	3. Mailing Address 330 A1A NORTH
Suite, Apt. #, etc. SUITE 322	Suite, Apt. #, etc. SUITE 322
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32082	Zip 32082
Country	Country

02122007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0444601	<input type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

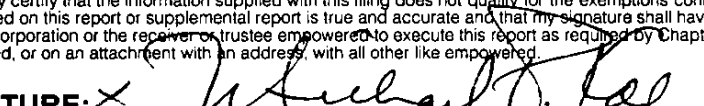
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name MICHAEL P. KAHN Street Address (P.O. Box Number is Not Acceptable) 330 A1A NORTH, SUITE 322 City JACKSONVILLE FL Zip Code 32082
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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 	DATE 2/14/07
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2007	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 D	NAME KAHN, MICHAEL P	TITLE	NAME
STREET ADDRESS 330 A1A NORTH STE 322	CITY-ST-ZIP PONTE VEDRA, FL 32082	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE D	NAME KAHN, PEPI A	TITLE	NAME
STREET ADDRESS 330 A1A NORTH STE 322	CITY-ST-ZIP PONTE VEDRA, FL 32082	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE D	NAME KAHN KLINE, JODY	TITLE	NAME
STREET ADDRESS 330 A1A NORTH STE 322	CITY-ST-ZIP PONTE VEDRA, FL 32082	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: 	DATE 2/14/07 Daytime Phone # (904) 285-0486
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	