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

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000010917

KENNY FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408

1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408

FILED Feb 24, 2006 08:00 AM Secretary of State



01102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 20-0765264

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNY, JAMES M 1201 US HWY ONE, STE 435

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S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, entitle obligations of registered agent. SIGNATURE Signature, young or printed name of registered agent on the if applicable (NOTE: flagistered Agent algorithms required when refiniteding) DATE Filling Fee is \$61.25 Due by May 1, 2006 Trust Fund Contribution. OFFICERS AND DIRECTORS TITLE D MAME ARASKOG, EILEEN K SIREET ADDRESS SIREET ADDRESS N. PALM BCH, FL 33408	DRTH PALM BEACH, FL 33408		IN THIS SPACE				
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Due by May 1, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D ARASKOG, EILEEN K STREET ADDRESS STREET ADDR	NATURE OM M. Kenny Signature, typed or printed name of registered agent and title	f applicable (NOTE: flagistered Agent al					
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	KENNY, J. KEVIN JR. 1201 US HWY. ONE, SUITE 435	-		กละกักระวัติธ-80026-024 61.25			
TITLE D NAME KENNY, JOHN JOSEPH II SIREET ADDRESS 1201 US HWY. ONE, SUITE 435 DO NOT WRITE DITY-ST-ZIP N. PALM BCH, FL 33408	KENNY, JOHN JOSEPH II 1201 US HWY, ONE, SUITE 435		DC	NOT WRITE			
TITLE NAME NAME KENNY, JAMES MORGAN STREET ADDRESS CITY-ST-ZIP N. PALM BCH, FL 33408 DIN THIS SPACE IN THIS SPACE	KENNY, JAMES MORGAN 1201 US HWY. ONE, SUITE 435		IN	THIS SPACE			
MAME KENNY, CHRISTINA C STREET AUDRESS 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408	KENNY, CHRISTINA C 1201 US HWY. ONE, SUITE 435						
TITLE NAME STITLET ADDRESS CITY-ST-ZIV 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 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further 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 supplied with the informatio	e et address -St-zip	ling daps not qualify for the exemption	ns contained in Chapter 1	19. Florida Stationa I further contile that the internation			

of the corporation or the receiver or trustee and accurate and mat my signature snall have the same legal effect as it made under cath; 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.

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ames m. le URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES M. Kenny

Daytime Phone #