



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90113 024 ****61.25

DOCUMENT # N03000010917 1. Entity Name KENNY FAMILY FOUNDATION, INC.					
Principal Place of Business 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408			Mailing Address 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408		
2. Principal Place of Business - No P.O. Box # 2401 PGA BLVD		3. Mailing Address 2401 PGA BLVD		 01032007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. SUITE 186		Suite, Apt. #, etc. SUITE 186			
City & State PALM BEACH GARDENS FL		City & State PALM BEACH GARDENS FL			
Zip 33410		Zip 33410			
Country USA		Country USA		4. FEI Number 20-0765264	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KENNY, JAMES M 1201 US HWY ONE, STE 435 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BLVD SUITE 186 City PALM BEACH GARDENS FL Zip Code 33410		
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 <u><i>Jane M. Kenny</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARASKOG, EILEEN K 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, J. KEVIN JR. 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, JOHN JOSEPH II 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, JAMES MORGAN 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, CHRISTINA C 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Jane M. Kenny</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-5-07 <small>Date</small>		561-691-1228 <small>Daytime Phone #</small>	