2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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1. Entity Name
ANTHONY AND EDITH COMPARATO FOUNDATION, INC.

Principal Place of Business	Mailing Address
980 NORTH FEDERAL HWY SUITE 400 BOCA RATON, FL 33432	980 NORTH FEDERAL HWY SUITE 400 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0506759

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKATOFF, JEFFREY H
980 NORTH FEDERAL HWY
SUITE 200
BOCA RATON, FL 33432

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COMPARATO, ANTHONY
STREET ADDRESS	980 NORTH FEDERAL HWY, SUITE 400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	COMPARATO, EDITH
STREET ADDRESS	980 NORTH FEDERAL HWY, SUITE 400
CITY-ST-ZIP	BOCA RATPN, FL 33432
TITLE	D
NAME	COMPARATO, ROBERT
STREET ADDRESS	980 NORTH FEDERAL HWY, SUITE 400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	COMPARATO, JAMES
STREET ADDRESS	980 NORTH FEDERAL HWY, SUITE 200
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	COMPARATO, THOMAS
STREET ADDRESS	1320 OLD CHAIN BRIDGE RD, SUITE 400
CITY-ST-ZIP	MCLEAN, VA 22101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80004-004 61.25

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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: Anthony Comparato 4-24-06 561-391-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #