



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

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001817						
1. Entity Name TEE FOR TWO FOUNDATION, INC.						
Principal Place of Business 7040 PELICAN BAY BLVD SUITE D-401 NAPLES, FL 34108	Mailing Address 7040 PELICAN BAY BLVD SUITE D-401 NAPLES, FL 34108	 01232006 No Chg NP CR2E037 (11/05) <table border="1"><tr><td>4. FEI Number 76-0751868</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 76-0751868	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent MARION, GOGOLAK M 7040 PELICAN BAY BLVD. D-401 NAPLES, FL 34108		DO NOT WRITE IN THIS SPACE				
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOGOLAK, MARION M 7040 PELICAN BAY BLVD., D-401 NAPLES, FL 34108					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOGOLAK, CHARLES P 7040 PELICAN BAY BLVD., D-401 NAPLES, FL 34108					
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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: <i>Marion M. Gogolak</i> MARION M. Gogolak 2.21.06 239 5981983		DO NOT WRITE IN THIS SPACE 1110000447617 11/08/06-80065-001 61.25				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>				