


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

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003409
1. Entity Name
TAFFY GOULD FOUNDATION, INC.



Principal Place of Business
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131

Mailing Address
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



03092006 No Chg-NP CRZE037 (11/05)

4. FEI Number 54-2170123	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOULD MCCALLUM, CATHIE-ELLEN
10 EDGEWATER DRIVE
UNIT 14-F, GABLES CONDOMINIUM
CORAL GABLES, FL 33133

**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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

1110000465324
03/22/06-30057-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD-MCCALLUM, CATHIE-ELLEN 1428 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, MORRIS I 1428 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, PAUL M 1428 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 empowers.

SIGNATURE: Cathie- Ellen Gould McCallum **CATHIE-ELLEN GOULD McCallum** (305) 668-4549
Date: 3/9/06
Daytime Phone: _____