


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

**FILED**

**Jan 13, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N04000008581</b> 1. Entity Name <b>MACEIKONIS FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>3040 GRAND BAY BLVD UNIT 236 LONGBOAT KEY, FL 34228</b>	Mailing Address <b>P O BOX 8280 LONGBOAT KEY, FL 34228</b>
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01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1574780</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MACEIKONIS, VYTAS 3040 GRAND BAY BLVD UNIT 236 LONGBOAT KEY, FL 34228</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD MACEIKONIS, VYTAS 3040 GRAND BAY BLVD, UNIT 236 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD MACEIKONIS, GERDA 3040 GRAND BAY BLVD, UNIT 236 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAND, GREGORY S 1680 FRUITVILLE ROAD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>U000000386393 01/18/06-80058-003 70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1/10/06</b> <small>Date</small>	<b>(941) 387-7177</b> <small>Daytime Phone #</small>
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