2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N04000009119

Entity Name: KAHLERT FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

500 AUSTRALIAN AVENUE S
SUITE 710
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

500 AUSTRALIAN AVENUE S
SUITE 710
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-1742948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAHLERT, HERBERT F
500 AUSTRALIAN AVENUE S
SUITE 710
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

WHEELER, JAMES J
7777 GLADES ROAD
SUITE 300
BOCA RATON, FL 33434 US

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.

SIGNATURE: JAMES J. WHEELER, PRESIDENT 04/21/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KAHLERT, HERBERT F
Address: 500 AUSTRALIAN AVENUE S STE 710
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: KAHLERT, HANS CHRISTIAN
Address: 500 AUSTRALIAN AVENUE S STE 710
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: WHEELER, JAMES J
Address: 7777 GLADES ROAD, SUITE 300
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT F. KAHLERT MGR 04/21/2005
Electronic Signature of Signing Officer or Director Date