2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011060

FILED Apr 25, 2006 Secretary of State

Entity Name: DR. RICHARD A. LEHMAN MEMORIAL FOUNDATION, INC.

	incipal Place of Business:	New Principal Place of Business:
	DERAL HWY.	5301 N. FEDERAL HWY.
#190 BOCA RAT	ON, FL 33487	#150 BOCA RATON, FL 33487
Current Mailing Address:		New Mailing Address:
	DERAL HWY.	5301 N. FEDERAL HWY.
#190 BOCA RAT	ON, FL 33487	#150 BOCA RATON, FL 33487
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
LEHMAN, JERRY 5301 N. FEDERAL HWY. SUITE 190 BOCA RATON, FL 33487 US		LEHMAN, JERRY 5301 N. FEDERAL HWY. SUITE 150 BOCA RATON, FL 33487 US
	named entity submits this statement for the proof of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATUR		04/25/2006
	Electronic Signature of Registered Age	nt Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete PARIKH LEHMAN, SNEHA 77 MARION ST. APT. 212 BROOKLINE, MA 02446	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete LEHMAN, JERRY 5301 N. FEDERAL HWY. #190 BOCA RATON, FL 33487	Title: VP (X) Change () Addition Name: LEHMAN, JERRY Address: 5301 N. FEDERAL HWY. #150 City-St-Zip: BOCA RATON, FL 33487
Title: Name: Address: City-St-Zip:	VP () Delete LEHMAN, JONATHAN H 6399 AVALON POINTE CT. BOCA RATON, FL 33496	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete LEHMAN, JULIE E 536 KIRKHAM ST. SAN FRANCISCO, CA 94122	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete LEHMAN, CLARE H 15084 N. 100TH WAY SCOTTSDALE, AZ 85260	Title: () Change () Addition Name: Address: City-St-Zip:
only of Lip.	VP () Delete	Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JERRY LEHMAN MGR 04/25/2006