
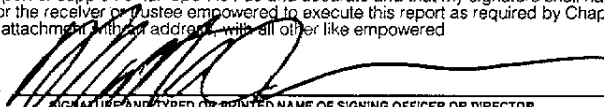


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N04000011669		
1. Entity Name THE JOSEPH H. KAPLAN CORPORATION FOR THE STUDY OF LABOR UNION HISTORY		
Principal Place of Business 3900 WOODLAKE BOULEVARD SUITE 212 LAKE WORTH, FL 33463-3045	Mailing Address 3900 WOODLAKE BOULEVARD SUITE 212 LAKE WORTH, FL 33463-3045	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MIERZWA & ASSOCIATES, P.A. 3900 WOODLAKE BOULEVARD SUITE 212 LAKE WORTH, FL 33463-3045		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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	PD MIERZWA, MATTHEW J JR 3900 WOODLAKE BOULEVARD SUITE 212 LAKE WORTH, FL 334633045	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MIERZWA, VALERIE M 3900 WOODLAKE BOULEVARD SUITE 212 LAKE WORTH, FL 334633045	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FLOYD, MARK W 3900 WOODLAKE BOULEVARD SUITE 212 LAKE WORTH, FL 334633045	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KAPLAN, JOSEPH H 112 EAST FIRST COURT HIBISCUS ISLAND MIAMI BEACH, FL 334633045	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/19/06 Daytime Phone # _____



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1995608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/06/06-80031-001 61.25