


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N28489</b> 1. Entity Name ANDY KAPLAN CHILDREN'S FOUNDATION, INC.	
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Principal Place of Business 1640 ISLAND WAY WESTON, FL 33326 US	Mailing Address 1640 ISLAND WAY WESTON, FL 33326 US
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**DO NOT WRITE IN THIS SPACE**



04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0074875	Applied For 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  KAPLAN, JEFFREY 1640 ISLAND WAY WESTON, FL 33326
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**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

Signature, typed or printed name of registered agent and title if applicable

(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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KAPLAN, JEFFREY 1640 ISLAND WAY WESTON, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, JOEL 10441 NW 17TH STREET PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER, SHAUN 12560 TIMBER PINE TRAIL WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER, GWEN 12560 TIMBER PINE TRAIL WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000508337  
04/27/06-80099-004 61.25

**DO NOT WRITE  
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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06 954-599-6918  
Date Osborn Phone #