
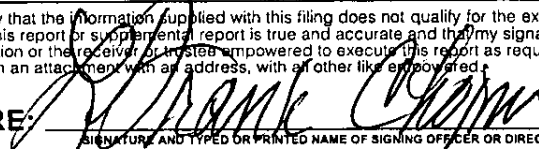


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90014 031 ****61.25

DOCUMENT # N29641 1. Entity Name THE KATHLEEN DUROSS FORD FUND, INC.					
Principal Place of Business ONE N CLEMATIS STREET WEST PALM BEACH, FL 33401			Mailing Address P.O. BOX 4297 WEST PALM BEACH, FL 33402		
2. Principal Place of Business 515 N. Flagler Drive Suite, Apt. #, etc. Suite 300 P City & State West Palm Beach, FL Zip 33401		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0088771		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHOPIN, L. FRANK ONE N CLEMATIS STREET WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 515 N. Flagler Drive Suite Suite 300 P City West Palm Beach FL Zip Code 33401		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, KATHLEEN DUROSS ONE N CLEMATIS STREET WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 N. Flagler Dr., Ste 300P West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHOPIN, L. FRANK ONE N CLEMATIS STREET WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 N. Flagler Dr., Ste 300P West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JO-ANN C ONE N CLEMATIS STREET WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 N. Flagler Dr., Ste 300P West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: 			Date: 3/10/06 Daytime Phone #: 561-655-9500		

ATTACHMENT
DISTINGUISHED
MANAGEMENT, INC.

40034738

2200 N. FLORIDA MANGO RD.
SUITE 402
WEST PALM BEACH, FL 33409
TELEPHONE: (561) 688-8933

MAILING ADDRESS:
P.O. BOX 4297
WEST PALM BEACH, FL 33402
FACSIMILE: (561) 688-8973

March 13, 2006

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

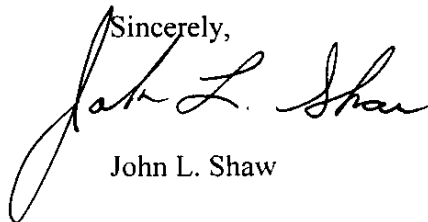
Re: **The Kathleen DuRoss Ford Fund, Inc.**
Document #N29641

Dear Sir or Madam:

I enclose the 2006 Annual Report (AR) and \$61.25 filing fee for the above referenced corporation.

Please telephone me, should you have any questions.

Sincerely,



John L. Shaw

JLS/amc
Enclosures