


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36111</b>		
1. Entity Name BAUMGARD CHARITABLE FOUNDATION, INC.		
Principal Place of Business 7290 S.W. 113TH STREET C/O HERBERT BAUMGARD MIAMI, FL 33156-4628	Mailing Address 7290 S.W. 113TH STREET C/O HERBERT BAUMGARD MIAMI, FL 33156-4628	



07192006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2989718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  BAUMGARD, HERBERT 7290 SW 113TH STREET MIAMI, FL 33156	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000572224 07/25/06 80020-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUMGARD, HERBERT 7290 SW 113TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMGARD, JONATHAN 12810 SW 70TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARVETT, SHIRA 9100 SW 113TH PL/CIR. E. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAUMGARD, SELMA 7290 SW 113TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMGARD, DANIEL 12780 SW 71ST AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAUMGARD, HERBERT 7290 SW 113TH STREET MIAMI, FL

**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:** *Herbert M. Baumgard* **HERBERT M. BAUMGARD** **7/21/06** **305-235-5706**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #