

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46332

FILED  
Feb 22, 2006  
Secretary of State

Entity Name: KINGSLAND FOUNDATION, INC.

## Current Principal Place of Business:

4409 FRANCES DR  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

## Current Mailing Address:

4409 FRANCES DR  
DELRAY BEACH, FL 33445

## New Mailing Address:

FEI Number: 65-0299587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HELMKEN, HENRY  
4409 FRANCES DR  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HELMKEN, HENRY,  
Address: 4409 FRANCES DR.  
City-St-Zip: DELRAY BEACH, FL

Title: TD ( ) Delete  
Name: ALESSANDRI, RAUL,  
Address: 4415 S.W. 88 AVENUE  
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete  
Name: PICH-AGUILERA, PABLO,  
Address: 4415 S.W. 88 AVENUE  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: ALEJANO, CARLOS  
Address: 4415 S.W. 88 AVENUE  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: ALVAREZ, JUAN,  
Address: 14225 S.W. 79TH AVE.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: HOGAN, TIMOTHY  
Address: 139 EAST 34 STREET  
City-St-Zip: NEW YORK, NY 10016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ALVAREZ, JUAN,  
Address: 14225 S.W. 79TH AVE.  
City-St-Zip: MIAMI, FL 33158

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAUL ALESSANDRI

TD

02/22/2006

Electronic Signature of Signing Officer or Director

Date