


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

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000001836	
1. Entity Name THE DAUER FAMILY FOUNDATION, INC.	

Principal Place of Business 4850 W OAKLAND PK BLVD STE 145 LAUDERDALE LAKES, FL 33313 US	Mailing Address 4850 W OAKLAND PK BLVD STE 145 LAUDERDALE LAKES, FL 33313 US
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**DO NOT WRITE IN THIS SPACE**



02232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0417521	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

HART, BRIAN A  
2333 PONCE DE LEON BOULEVARD  
SUITE 303  
CORAL GABLES, FL 33134-0000

**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 \_\_\_\_\_ (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**

000000447928  
03/08/06-30077-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAUER EDWARD A MD 4850 W OAKLAND PK BLVD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAUER JOANNE C 4850 W OAKLAND PK BLVD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAUER, ALLISON 4850 W OAKLAND PK BLVD FORT LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

EDWARD A. DAUER 2/24/06 954-739-0978  
Date Daytime Phone #