

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

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000655

1. Entity Name

THE MAX & EVELYN SCHACKNOW FOUNDATION, INC.

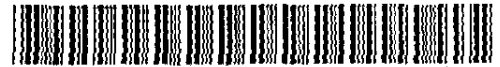


Principal Place of Business

10481 N.W. 17TH ST.
PLANTATION, FL 33322

Mailing Address

10481 N.W. 17TH ST.
PLANTATION, FL 33322



01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0464694

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHACKNOW, MAX J
10481 NW 17TH ST
PLANTATION, FL 33322

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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	DPT
NAME	SCHACKNOW, MAX
STREET ADDRESS	10481 N.W. 17TH ST.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	SCHACKNOW, EVELYN
STREET ADDRESS	10481 N.W. 17TH ST.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	DS
NAME	SCHACKNOW, PAUL N
STREET ADDRESS	15 SHELDRAKE LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	SCHACKNOW, SHARMA J
STREET ADDRESS	15 SHELDRAKE LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	S
NAME	MACLEAN, FREDERICK R
STREET ADDRESS	2600 N.E. 14TH ST. CAUSEWAY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000410187
02/09/06-80026-012 61.25

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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

Date

Daytime Phone #

✓ 125-06 984-474820