


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

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000002857
1. Entity Name
COUNT ELKAIM FOUNDATION INC.



Principal Place of Business 9601 COLLINS AVE SUITE 510 BAL HARBOUR, FL 33154-2211 US	Mailing Address 9601 COLLINS AVE SUITE 510 BAL HARBOUR, FL 33154-2211 US
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02022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0494806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COUNT DE S.G. ELKAIM, MARC
9601 COLLINS AVE
SUITE 510
BAL HARBOUR, FL 33154-2211**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN00000424443
02/18/06-80050-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNT DE S.G. ELKAIM, MARC 9601 COLLINS AVE SUITE 510 BAL HARBOUR, FL 331542211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNTESS ELKAIM, ERNA 9601 COLLINS AVE SUITE 510 BAL HARBOUR, FL 331542211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKAIM, ESTHER D S.G. 9601 COLLINS AVENUE STE 510 MIAMI, FL 33154
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: Count de S.G. Elkaim (President) **02-02-2006** **305 841 5216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #