2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

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Entity Name: THE GEORGE J. AND MARY SUSAN THELEN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5393 GULF OF MEXICO DRIVE
#112B LONGBOAT TERRACE
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

5393 GULF OF MEXICO DRIVE
#112 B LONGBOAT TERRACE
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 65-0533389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THELEN, GEORGE J
5393 GULF OF MEXICO DRIVE
UNIT 112B LONGBOAT TERRACE
LONGBOAT KEY, FL 34228 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:	DPTS	( ) Delete
Name:	THELEN, GEROGE J	
Address:	5393 GULF OF MEXICO #112B LONGBOAT TERRACE	
City-St-Zip:	LONGBOAT KEY, FL	
Title:	D	( ) Delete
Name:	HARPER, MARIBETH	
Address:	9625 CARRIAGE DR.	
City-St-Zip:	KENSINGTON, MD 20895	
Title:	D	( ) Delete
Name:	THELEN, JAY P	
Address:	20 RIO GRANDE, UNIT 7	
City-St-Zip:	FLORENCE, KY 41042	
Title:	D	( ) Delete
Name:	REGAN, JENNIFER	
Address:	1001 ST GEORGES LANE	
City-St-Zip:	LAUDENBERG, PA	
Title:	D	( ) Delete
Name:	CIPOLLONE, REBECCA	
Address:	55 FRANCES COURT	
City-St-Zip:	CHESHIRE, CN	

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:	( ) 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: GEORGE J. THELEN P 04/25/2006

Electronic Signature of Signing Officer or Director — Date