


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001620	
1. Entity Name THE DANIEL KANE FAMILY FOUNDATION, INC.	

Principal Place of Business 614 SOUTH OWL DRIVE SARASOTA, FL 34236	Mailing Address 614 SOUTH OWL DRIVE SARASOTA, FL 34236
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01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0654997	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 KANE, DANIEL 614 SOUTH OWL DRIVE SARASOTA, FL 34236
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**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANE, DANIEL 614 SOUTH OWL DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBBINS, WENDY K 37 CLABON MEWS LONDON, SWIX OEQ, ENGLAND, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KANE, PAUL D CLOTTED COTTAGE 7 ELYASTONMEWS LONDON, EN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, TICIA 89 TOWN FARM ROAD WILLIAMSBURG, MA 01096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000386513
01/30/06-80012-025 61.25

**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: Daniel Kane _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #