2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# N96000002084

Entity Name: THE KONI FOUNDATION, INC.

Current Principal Place of Business:

1 CLEARLAKE CENTER, #1402
250 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1 CLEARLAKE CENTER, #1402
250 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33401

New Mailing Address:

3265 LAWSON BLVD
OCEANSIDE, NY 11572

FEI Number: 65-0676162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIEGEL, HOWARD
250 AUSTRALIAN AVE S, #1402
WEST PALM BEACH, FL 33401 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: D ( ) Delete
Name: SIEGEL, HOWARD
Address: 3265 LAWSON BLVD.
City-St-Zip: OCEANSIDE, NY 11572

Title: D ( ) Delete
Name: KAPNER, LEWIS
Address: 250 AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: WIENER, HOWARD
Address: 777 S FLAGER DR WEST TWR STE 1601
City-St-Zip: WEST PALM BEACH, FL 33401

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:

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: HOWARD SIEGEL D 09/05/2006

Electronic Signature of Signing Officer or Director — Date