2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001394

REID, BRANDON

ONE BROADWAY

NEW YORK, NY 10004

Name: Address:

City-St-Zip:

Entity Name: THE SCHNEER FOLINDATION INC

FILED Apr 28, 2006 Secretary of State

Littly Na	ille. THE SCI	INLER FOUNDATION, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
	. 24TH TERRA TON, FL 3349				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1515 SOUTH FEDERAL HWY. 105 BOCA RATON, FL 33432			2200 NW CORPORATE BLVD #401 BOCA RATON, FL 33431		
FEI Number	: 65-0735017	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1515 SOU SUITE 105 BOCA RA The above	TON, FL 3343	HWY. 2 US	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SCHNEER, CH/ 5833 N.W. 24TI BOCA RATON,	H TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SCHNEER, SHI 5833 N.W. 24TI BOCA RATON,	H TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SILVER, LESLE	THERLAND AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LEE, STACEY I 375 HEATH STI CHESTNUT HIL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES H SCHNEER D 04/28/2006