


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

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000002309 1. Entity Name THE ELLIOTT FOUNDATION, INC.	
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Principal Place of Business 5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810	Mailing Address 5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810
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**DO NOT WRITE IN THIS SPACE**

04122006 No Chg-NP	CR2E037 (11/05)
4. FEI Number 59-3442499	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

ELLIOTT, EMANUEL J  
5201 N. ORANGE BLOSSOM TRL.  
ORLANDO, FL 32810

**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	D ELLIOTT, EMANUEL J 5201 N. ORANGE BLOSSOM TRL. ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, CALLIE 5201 N. ORANGE BLOSSOM TRL. ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, MARC G 5201 N. ORANGE BLOSSOM TRL. ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000533765  
05/06/06-80136-004 70.00

**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 address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_