


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90012 037 \*\*\*\*61.25

<b>DOCUMENT # N98000000802</b>	
1. Entity Name <b>THE MARY KAY AND JAMES D. FARLEY FUND, INC.</b>	

Principal Place of Business <b>NORTHERN TRUST BANK 11301 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408-3220</b>	Mailing Address <b>NORTHERN TRUST BANK 11301 US HWY ONE NORTH PALM BEACH FL 33408</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number <b>31-1590199</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PRESSLY, JR., JAMES G ESQ. 222 LAKEVIEW AVENUE SUITE 910 WEST PALM BEACH FL 33401</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

*PLEASE ADD*

*Andrew*

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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*THIS IS OUR 3RD REQUEST*

**Payable to  
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>C FARLEY, MARY KAY 7107 SE GOLFHOUSE DR HOBE SOUND FL 33455</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>VTDP FARLEY, JAMES D 7107 SE GOLFHOUSE DR HOBE SOUND FL 33455</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>SD JOHNSON, JEFFREY L 11301 US HWY ONE NORTH PALM BEACH FL 33408</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>D FARLEY, FRANCES ANNE 281 CORRIE ROAD ANN ARBOR MI 48105</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>D FARLEY, JAMES D JR. 518 10TH ST SANTA MONICA CA 90402-2818</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>D FARLEY, KATHRYN T 807 CHURCH ST, APT 401 EVANSTON IL 60201</b>	

11. DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D Farley, Andrew E. 2222 Central St, Apt. 1 Evanston, IL 60201-5720</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jeffrey L Johnson* *2/10/06* *561-803-7577*