


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000005455	
1. Entity Name THE HARRIET M. FINGER CHARITABLE FOUNDATION, INC.	

Principal Place of Business 17341 ALLENBURY COURT BOCA RATON, FL 33496-5918	Mailing Address 17341 ALLENBURY COURT BOCA RATON, FL 33496-5918
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DO NOT WRITE IN THIS SPACE



04082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0864822	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

FINGER, HARRIET M  
17341 ALLENBURY COURT  
BOCA RATON, FL 33496-5918

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINGER, HARRIET 17341 ALLENBURY CT BOCA RATON, FL 334965918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINGER, CHESTER 17341 ALLENBURY CT BOCA RATON, FL 334965918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNES, LINDA 704 SCHOONERS END SAUK RAPIDS, MN 56379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRERI, LISA MORRIS 47 COLGATE RD GREAT NECK, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JAY M 110 EAST 59TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000515763  
04/29/06-80223-017 61.25

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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: *Harriet Finger* 4-11-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #