2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000005867

1. Entity Name

THE BECHTOLT PRIVATE FAMILY FOUNDATION, INC.



Principal Place of Business

20818 DESERT SANDS DRIVE SUN CITY WEST, AZ 85375-5442 Mailing Address

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FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90147 002 ****61.25



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04152006	No Chg-NP	CR2E037 (11/05)	

4. FEI Number Applied For 86-0939356 Not Applied ble

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, CHRISTINE FL INCOPORATING & REGSTRD AGTS. 127 W HILLCREST ST. ALTAMONTE SPRINGS, FL 32714			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 Signature, typed or printed name of registerod agent and title if applicable. (NOTE: Registered Agent aignature required when relabilisting) DATE										
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees						
TITLE NAME STREET ADURESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRECT PTD CONTROL PTD CONTRO	CTORS	DO NOT WRITE IN THIS SPACE							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	442 THERESA LANE SIERRA MADRE, CA 91024									
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS										

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 eath, 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 623-584 7402