
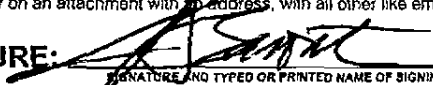


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000006230</b>		
1. Entity Name <b>THE RINKER COMPANIES FOUNDATION, INC.</b>		
Principal Place of Business <b>1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406</b>	Mailing Address <b>1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		02232006 No Chg-NP CR2E037 (11/05)
		4. FEI Number <b>59-6139266</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>BARONTINI, JIM 1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, DAVID Y 1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIALKOW, IRA 1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BARONTINI, JIM 1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURMEISTER, THOMAS G 1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGE, DUNCAN 1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EGAN, MIKE F 1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406	
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/24/06</b> _____ <small>Daytime Phone: 3</small>

**JIM BARONTINI**