2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006
Secretary of State

DOCUMENT# N99000000938

Entity Name: KANE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3825 ALHAMBRA COURT
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3825 ALHAMBRA COURT
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0928906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAPIDUS, STEVEN B
GREENBERG TRAURIG, P.A.
1221 BRICKELL AVENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KANE, JOHN
Address: 3825 ALHAMBRA COURT
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: KANE, ILEANA
Address: 3825 ALHAMBRA COURT
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: RICKBORN, KELLY K
Address: 800 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KANE, ILEANA M
Address: 3825 ALHAMBRA COURT
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: CATOGGIO, MONIQUE R
Address: 6040 SW 27TH STREET
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA M. KANE D 07/26/2006

Electronic Signature of Signing Officer or Director — Date