2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 1300 ACTINS I.S. WILLIMOTON, R. 39414 SECTION ACTINS I.S. WILLIMOTON, R. 39414 SECTION ACTINS I.S. WILLIMOTON, R. 39414 SECTION ACTINS I.S. SUMMAN, F. 33133 2. Princopal Place of Business Sume Apr. 4. etc. Sume Apr. 4. etc. Sume Apr. 4. etc. City & Sume	DOCUMENT # N9900001827 1. Entity Name THE LEAR FOUNDATION, INC.								0 ! Se	5 MAY	LED -2 PM	6: 31
Sulte Apt. 4, etc. City & State A. FEl Number 65-0929310 S. Certificate of Status Desired S. S. 75 Additional Fee Requised	13801 40TH ST. S.				2665 S BAYSHORE DRIVE SUITE 703			 				
City & State Country Zip Country Zip Country S. Certification of Setua 323310 Application Appli	2. Principal Place of Business				ing Address						E	
Secondary Seco	Suite, Apt. #, etc.				te, Apt. #, etc.		04222005 Ch	ıg-NP	CR2E037	(10/03)	61.25	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133 City FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filing Fee is \$61.25 Full gree is \$61.25 F	City & State				City & State			4. FEI Number 65-092931	0			
Name Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Zip Co		ntry	5. Certificate of Statu				tional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current Rec				gistered Agent							
a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i in the State of Rorda. I am familiar with, and accept the obligations of registered agent or both, i in the State of Rorda. I am familiar with, and accept the obligations of registered agent or both, i in the State of Rorda. I am familiar with, and accept the obligations of registered agent, or both, i in the State of Rorda. I am familiar with, and accept the obligations of registered agent, or both, i in the State of Rorda. I am familiar with, and accept the obligations of registered agent, or both, i in the State of Rorda. I am familiar with, and accept the obligations of registered agent, or both, i in the State of Rorda. I am familiar with, and accept the obligations of registered agent, or both, i in the State of Rorda. I am familiar with, and accept the obligations of registered agent, or both, i in the State of Rorda. I am familiar with, and accept the obligations of registered agent, or both, i in the State of Rorda. Filling Fee ts \$61.25 Due by May 1, 2005 Trust Fund Controlution. DFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition NAME State Jobess Change Addition NAME St	2665 S. BAYSHORE DR., STE. 703						Street Address (P.O. Box Number is Not Acceptable)					
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP	SIGNATURE Signature, ryoed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME ARGUETTY, ISAAC STREET ADDRESS CITY-ST-2P NAME NAME NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P TITLE NAME S	, 9 1 00 13 0 0 1											
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