


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N99000006163 1. Entity Name DANKIN FAMILY FOUNDATION, INC.	
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Principal Place of Business C/O ALEXANDER DANKIN 255 VIA BELLARIA PALM BEACH, FL 33480	Mailing Address C/O ALEXANDER DANKIN 255 VIA BELLARIA PALM BEACH, FL 33480
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01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0957469

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID PRATT, P.A.  
C/O MORRIS & PRATT  
2500 N. MILITARY TRAIL #175  
BOCA RATON, FL 33431

**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 registered agent and title if applicable.

(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.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DANKIN, ALEXANDER
STREET ADDRESS	255 VIA BELLARIA
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	DANKIN, DOROTHY
STREET ADDRESS	255 VIA BELLARIA
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	PRATT, DAVID
STREET ADDRESS	C/O 2500 N. MILITARY TRAIL #175
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	DANKIN, PETER A
STREET ADDRESS	757 THIRD AVE., 23 FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000389909  
01/23/06-80004-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Alexander Dankin* Alexander Dankin X1/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

361  
X 659-5891