


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06246</b> 1. Entity Name LAURA H. PETITO FOUNDATION INC.	
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Principal Place of Business 10458 SE BANYAN WAY TEQUESTA, FL 33469	Mailing Address 10458 SEBANYAN WAY TEQUESTA, FL 33469
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02212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2536762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  PETITO, DAVID W. 10458 SE BANYAN WAY TEQUESTA, FL 33469
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**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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000445747 03/07/06 80061-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO PETITO, DAVID W. 10458 SE BANYAN WAY TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETITO, DR. FRANK A. 520 E. 70TH ST. NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETITO, JOHN GENERAL DELIVERY BOX 75 LUMBERVILLE, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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

**SIGNATURE:** *David W. Petito* **PR01** 2/21/06 561-246-0064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #