2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34755

FILED Apr 27, 2006 Secretary of State

Entity Name: AMERICAN FOUNDATION FOR THE BLIND, INC.

Current Principal Place of Business: New Principal Place of Business: 11 PENN PLAZA, SUITE 300 NEW YORK, NY 10001 **Current Mailing Address: New Mailing Address:** 11 PENN PLAZA, SUITE 300 NEW YORK, NY 10001 FEI Number: 13-5562161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition O'BRIEN, RICHARD J Name: Name: 27 SAUNDERS PLACE Address: Address: City-St-Zip: POMPTON PLAINS, NJ 07444 City-St-Zip: Title: Title: () Delete () Change () Addition EMAS, TORIA Name: Name: Address: 321 SOUTH PLYMOUTH COURT Address: City-St-Zip: CHICAGO, IL 60604 City-St-Zip: Title: () Delete Title: (X) Change () Addition BOURGER, JOHN T Name: DUFFY, JOHN A Name: 2 COLUMBUS AVENUE, SUITE 38A 2 COLUMBUS AVENUE, SUITE 38A Address: Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: NEW YORK, NY 10023 Title: () Delete Title: (X) Change () Addition Name: AUGUSTO, CARL R. Name: AUGUSTO, CARL R 11 PENN PLAZA, SUITE 300 Address: Address: 11 PENN PLAZA, SUITE 300 City-St-Zip: NEW YORK, NY 10001 City-St-Zip: NEW YORK, NY 10001 Title: () Delete Title: (X) Change () Addition HEEKIN_CANEDY, SCOTT BONITO, WILLIAM Name: Name: 229 WEST 43RD STREET 7 MISTY GROVE CIRCLE Address: Address: City-St-Zip: NEW YORK, NY 10036 City-St-Zip: THE WOODLANDS, TX 77380 Title: () Delete Title: () Change () Addition DECKER, WALTER Name: Name: Address: 11 PENN PLAZA, SUITE 300 Address: NEW YORK, NY 10001 City-St-Zip: City-St-Zip:

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: WALTER DECKER AT 04/27/2006