

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2007
Secretary of State**

DOCUMENT# 749874

Entity Name: KTW FOUNDATION LTD., INC.

Current Principal Place of Business:

220 ALHAMBRA CIRCLE
SUITE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

220 ALHAMBRA CIRCLE
SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-1950712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDELSTEIN, EMANUEL
220 ALHAMBRA CIRCLE
SUITE 600
CORAL GABLES, FL 33134 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: PD () Delete
Name: EDELSTEIN, EMANUEL,
Address: 220 ALHAMBRA CR., SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: KASIERER, IGNACIO,
Address: 147 BELGIELEI
City-St-Zip: ANTWERPEN, BELGIUM,

Title: TD () Delete
Name: KEST, SOL,
Address: 5150 OVERLAND AVE
City-St-Zip: CULVER CITY, CA

Title: D () Delete
Name: FELDMAN, HENRICH,
Address: 23 OVERLEA RD.
City-St-Zip: LONDON, ENG.,E5 9BG,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: EMANUEL EDELSTEIN

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date