


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006080
1. Entity Name
FARRELL FAMILY FOUNDATION, INC.



Principal Place of Business
**11522 WELTERS WAY
EDEN PRAIRIE, MN 55347**

Mailing Address
**11522 WELTERS WAY
EDEN PRAIRIE, MN 55347**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3671115 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GOODMAN, KENNETH D
3838 TAMIAMI TRAIL NORTH, STE. 300
NAPLES, FL 34103**

**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. **\$5.00** May Be Added to Fees

000000418427
02/14/06-80008-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FARRELL, FRANK S JR.
STREET ADDRESS	11522 WELTERS WAY
CITY - ST - ZIP	EDEN PRAIRIE, MN 55347
TITLE	D
NAME	FARRELL, ALFRED C
STREET ADDRESS	8900 SW 61 CT
CITY - ST - ZIP	PINECREST, FL 33156
TITLE	D
NAME	RASMUSSEN, MARY J
STREET ADDRESS	231 WEST MAIN STREET
CITY - ST - ZIP	WESTBOROUGH, MA 01581
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 info empowered.

SIGNATURE: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 612-803-8989
Date Daytime Phone #