


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2006 SEP 22 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003802 1. Entity Name THE ANDREW S. RODDICK FOUNDATION, INC.	
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Principal Place of Business 1499 LAS CASAS ROAD BOCA RATON, FL 33486	Mailing Address 1499 LAS CASAS ROAD BOCA RATON, FL 33486
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2. Principal Place of Business <i>5458 Town Center Rd</i> Suite, Apt. #, etc. <i>#13</i> City & State <i>BOCA RATON FL</i>	3. Mailing Address <i>140 Sherman Mills Dr.</i> Suite, Apt. #, etc. City & State <i>INGRAM TX</i>
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08022006 Chg-NP CR2E037 (4/06)

Zip <i>33486</i>	Country <i>USA</i>	Zip <i>78025</i>	Country <i>USA</i>
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4. FEI Number 20-0014500	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODDICK, JERRY 1499 LAS CASAS ROAD BOCA RATON, FL 33486	7. Name and Address of New Registered Agent Name <i>JAMES MULLIN</i> Street Address (P.O. Box Number is Not Acceptable) <i>500 NE 5TH AVE</i> City <i>H 2B</i> State <i>FL</i> Zip Code <i>33483</i> City <i>DELRAY BEACH</i>
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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]* DATE *8/3/06*

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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State		

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODDICK, ANDREW S			NAME			
STREET ADDRESS	1499 LAS CASAS ROAD			STREET ADDRESS	<i>140 SHERMANS MILL DR.</i>		
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	<i>INGRAM TX 78025</i>		
TITLE	VT	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODDICK, JERRY			NAME			
STREET ADDRESS	1499 LAS CASAS ROAD			STREET ADDRESS	<i>140 SHERMANS MILL DR.</i>		
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	<i>INGRAM TX 78025</i>		
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODDICK, BLANCHE			NAME			
STREET ADDRESS	1499 LAS CASAS ROAD			STREET ADDRESS	<i>140 SHERMANS MILL DR.</i>		
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	<i>INGRAM TX 78025</i>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Blanche Roddick* *Blanche Roddick* *9/17/06* *561-702-5360*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #