2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729846

FILED Jan 19, 2005 Secretary of State

Entity Name: DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3440 HOLLYWOOD BLVD STE 100

HOLLYWOOD, FL 33021 US

Current Mailing Address: New Mailing Address:

3440 HOLLYWOOD BLVD. 3440 HOLLYWOOD BLVD. 8TE100

HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33021 US

FEI Number: 59-1361955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KATZ, THOMAS O. ESQ RUDEN, MCCLOSKY, SMITH 200 EAST BROWARD BLVD 15TH FLOOR FT LAUDERDALE, FL 33301 US

OFFICERS AND DIRECTORS:

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 SINGER, SHELDON
 Name:
 SONBERG, STEVEN

 Address:
 3714 RED MAPLE CIRCLE
 Address:
 4022 N.W. 24TH TERRACE

 Citv-St-Zip:
 DELRAY BEACH, FL 33445
 Citv-St-Zip:
 BOCA RATON, FL 33431

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: BOCA RATON, FL 33431

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 SONBERG, STEVEN
 Name:
 SINGER, SHELDON

 Address:
 701 BRICKELL AV STE 3000
 Address:
 3714 RED MAPLE CIRCLE

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 DELRAY BEACH, FL 33445

Title:D() DeleteTitle:D(X) Change () AdditionName:BEBER, BERNARD DR &, MRSName:BEBER, BERNARD DR &, MRSAddress:7345 SW 133 TERRACEAddress:7345 SW 133 TERRACE

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33156

Title: EVP () Delete Title: P (X) Change () Addition Name: PEARLMAN, ROBERT A PEARLMAN, ROBERT A

Address: 6737 PORTSIDE Address: 7264 ARCADIA COURT
City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete Title: () Change () Addition

 Name:
 CALLES, JUAN MR & MR, S
 Name:

 Address:
 1120 ALFONSO AVENUE
 Address:

 City-St-Zip:
 CORAL GABLES, FL
 City-St-Zip:

 Name:
 SHELTON, JAMES C
 Name:
 FISHMAN, STEVEN

 Address:
 310 E ROYAL PALM ROAD
 Address:
 20152 NE 19 PLACE

 City-St-Zip:
 BOCA RATON, FL
 City-St-Zip:
 MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT A. PEARLMAN P 01/19/2005