2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# F09000003305

Entity Name: INTERNATIONAL BREAST MILK PROJECT, INC.

Current Principal Place of Business:

2600 14TH AVENUE NW
ROCHESTER, MN 55901

New Principal Place of Business:

Current Mailing Address:

3424 PINE HAVEN CIRCLE
BOCA RATON, FL 33431

New Mailing Address:

7515 ESTRELLA CIRCLE
BOCA RATON, FL 33433

FEI Number: 20-8711843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICKERSON, AMANDA
3424 PINE HAVEN CIRCLE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

NICKERSON, AMANDA
7515 ESTRELLA CIRCLE
BOCA RATON, FL 33433 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: _____ 02/15/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CHRC
Name: WYLIE, LAURA
Address: 37 WILLOW STREET
City-St-Zip: BAYONNE, NJ 07002

Title: VCHR
Name: BROWN, DOMINIQUE
Address: 280 PARK AVE. SOUTH APT. 7A
City-St-Zip: NEW YORK, NY 10010

Title: D
Name: METZL, ALI
Address: 145 W. 67TH STREET APT. 40K
City-St-Zip: NEW YORK, NY 10023

Title: D
Name: YOUSE, JILL
Address: 2600 14TH AVENUE NW
City-St-Zip: ROCHESTER, NY 55901

Title: P
Name: NICKERSON, AMANDA
Address: 7515 ESTRELLA CIRCLE
City-St-Zip: BOCA RATON, FL 33433

I hereby 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 all other like empowered.

SIGNATURE: AMANDA NICKERSON ED 02/15/2011
Electronic Signature of Signing Officer or Director — Date