2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# N02000008494

Entity Name: REACH FOR THE STARS FOUNDATION, INC.

Current Principal Place of Business:

16876 N.E. 19 AVE.
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16876 N.E. 19 AVE.
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1083573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRAITHWAITE, SYLVESTER R DR.
16876 N.E. 19 AVE.
NORTH MIAMI BEACH, FL 33162 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: CEO ( ) Delete
Name: BRAITHWAITE, SYLVESTER DR.
Address: 16876 N.E. 19 AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: PD ( ) Delete
Name: BRAITHWAITE, SYLVESTER DR.
Address: 16876 N.E. 19 AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD ( ) Delete
Name: BRAITHWAITE, CARLA
Address: 16876 N.E. 19 AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: STD ( ) Delete
Name: BRAITHWAITE, BRIAN
Address: 220 SOUTH BROADWAY, STE. 1222
City-St-Zip: ROCHESTER, MN 55904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: FINNEY, GLENN
Address: 16876 N.E. 19 AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: STD (X) Change ( ) Addition
Name: BRAITHWAITE, JUSTIN
Address: 3101 S. OCEAN DR
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify 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: SYLVESTER BRAITHWAITE M.D. DR. 07/05/2007
Electronic Signature of Signing Officer or Director — Date