2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N04000010296

Entity Name: BRAIN INJURY RESOURCE GROUP, INC.

Current Principal Place of Business:

1110 PINELLAS BAYWAY SOUTH, STUDIO 106
TIERRA VERDE, FL 33715

New Principal Place of Business:

Current Mailing Address:

1110 PINELLAS BAYWAY SOUTH, STUDIO 106
TIERRA VERDE, FL 33715

New Mailing Address:

FEI Number: 20-1842817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SECTOR, DIANE M
1110 PINELLAS BAYWAY SOUTH, STUDIO 106
TIERRA VERDE, FL 33715 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: PSD ( ) Delete
Name: SECTOR, DIANE M
Address: 1110 PINELLAS BAYWAY SOUTH, STUDIO 106
City-St-Zip: TIERRA VERDE, FL 33715

Title: VD ( ) Delete
Name: HAYES, PAM
Address: 2420 1/2 7TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: TD ( ) Delete
Name: SECTOR, PETER W
Address: 1110 PINELLAS BAYWAY SOUTH, STUDIO 106
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DIANE M SECTOR PSD 04/14/2005

Electronic Signature of Signing Officer or Director — Date