
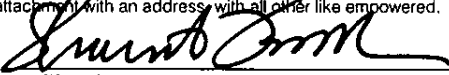


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90248 010 ****61.25

DOCUMENT # N05000007278							
1. Entity Name FLORIDIANS FOR STEM CELL RESEARCH AND CURES, INC.							
Principal Place of Business 2255 GLADES ROAD 218A BOCA RATON, FL 33431			Mailing Address 2255 GLADES ROAD 218A BOCA RATON, FL 33431				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		04282008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 20-3405341			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HANDLER, HENRY B 2255 GLADES ROAD 218A BOCA RATON, FL 33431			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	FRIEDKIN, SHAWN A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEDRIN, SHAWN A		NAME				
STREET ADDRESS	3100 NW 56TH ST		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUSSER, GARY E		NAME				
STREET ADDRESS	3294 NW 63RD ST		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANDLER, HENRY B ESQ		NAME				
STREET ADDRESS	2255 GLADES ROAD - SUITE 218-A		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDES, ALISON		NAME				
STREET ADDRESS	8749 BELLE AIRE DR		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Peter Baronoff			
STREET ADDRESS			STREET ADDRESS	1001 Yamato Rd, Ste 300			
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33431			
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: 			4/29/08 5612974400 Date Daytime Phone #				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							