

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41887

FILED
Apr 26, 2005
Secretary of State

Entity Name: THE BUONICONTI FUND TO CURE PARALYSIS, INC.

Current Principal Place of Business:

1095 NW 14 TERRACE
2-47
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1095 NW 14 TERRACE
2-47
MIAMI, FL 33136

New Mailing Address:

FEI Number: 65-0244316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAATTAMA, HENRY H JR
% AKERMAN, SENTERFITT & EIDSON, P.A.
ONE S.E. 3RD AVE., 28TH FLOOR
MIAMI, FL 33131 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: C () Delete
Name: SCHNIEDER, JOHN A
Address: 711 FIFTH AVENUE, 9TH FLOOR
City-St-Zip: NEW YORK, NY

Title: ATAS () Delete
Name: BERNING, DIANA C
Address: 1095 NW 14 TERRACE
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: SAYFIE, SUZANNE
Address: 1095 NW 14 TERRACE
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: BUONICONTI, NICHOLAS, A
Address: 445 GRAND BAY DRIVE
City-St-Zip: KEY BISCAYNE, FL 33145

Title: P () Delete
Name: BUONICONTI, MARC
Address: 10 EDGEWATER DR, 9-H
City-St-Zip: CORAL GABLES, FL 331332314

Title: VC () Delete
Name: DALTON, MARK F
Address: 595 STEWART AVE STE 520
City-St-Zip: GARDEN CITY, NY 11530

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:

Title: S (X) Change () Addition
Name: ALDRICH, RICHARD S JR
Address: 599 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10022

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: DIANA C. BERNING

ATAS

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date