2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# N42172

Entity Name: ALS RECOVERY FOUNDATION, INC.

Current Principal Place of Business:

10900 S.W. 93RD AVENUE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

555 N.E. 34TH STREET
SUITE 1103
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0265802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACKMAN, KEVIN
555 N.E. 34TH STREET
SUITE 1103
MIAMI, FL 33137 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: EV ( ) Delete
Name: SINGER, DONNA
Address: 6371 S.W. 107TH STREET
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: PACKMAN, SCOTT
Address: 10645 WILSHIRE BLVD #402
City-St-Zip: LOS ANGELES, CA 90024

Title: DV ( ) Delete
Name: PACKMAN, CILA
Address: 10900 SW 93RD AVE.
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete
Name: PACKMAN, KEVIN ERIC
Address: 555 N.E. 34TH STREET, STE. 1103
City-St-Zip: MIAMI, FL

Title: T ( ) Delete
Name: ROSENTHAL, KENNETH
Address: 6521 S.W. 100TH STREET
City-St-Zip: MIAMI, FL 33156

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: ( ) 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: KEVIN PACKMAN PD 01/12/2004

Electronic Signature of Signing Officer or Director — Date