


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90076 026 ****61.25

DOCUMENT # N97000003543	
1. Entity Name CANCER RESEARCH NETWORK, INC.	

Principal Place of Business 350 NW 84TH AVE 305 PLANTATION, FL 33324 US	Mailing Address 350 NW 84TH AVE 305 PLANTATION, FL 33324 US
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2. Principal Place of Business - No P.O. Box # 23123 State Road 7	3. Mailing Address Same
Suite, Apt. #, etc. #255	Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State Boca Raton	City & State
Zip 33428	Country USA

4. FEI Number 31-1540728	Applied For Not Applicable
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6. Name and Address of Current Registered Agent VOGEL, CHARLES L MD 350 NW 84TH AVE STE 305 FORT LAUDERDALE, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 23123 State Road 7 #255 Boca Raton City FL Zip Code 33428
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLD, ANDREW ESQ 201 S BISCAYNE BLVD., 17TH FLR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILIPSON, CORNELIA MRS 8355 S W 89TH ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMD VOGEL, M D, CHARLES L 800 S PINE ISLAND ROAD SUITE 104 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition vogel, charles 800 S. Ocean Blvd #4B Boca Raton FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEICHER, LIONEL MR 2278 ELDORADO DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRAKE, JENNIFER 675 TROPICAL WAY PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KAMINSKY, IRA 10841 N W 7TH COURT PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles L Vogel, MD *Charles L Vogel* **Date** 1/18/07 **Daytime Phone #** 561-583-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR