2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006538

FILED Feb 01, 2006 Secretary of State

Entity Name: THE ALLIANCE FOR EATING DISORDERS AWARENESS, INC.

Current Principal Place of Business: New Principal Place of Business: C/O JOHANNA S. KANDEL P.O. BOX 13155 NORTH PALM BEACH, FL 33408 **New Mailing Address: Current Mailing Address:** PO BOX 13155 NORTH PALM BEACH, FL 33408 FEI Number: 65-1080905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUNKEL, GARY M ESQ. GREENBERG TRAURIG. P.A. 777 S. FLAGLER DR, SUITE 300-EAST WEST PALM BEACH, FL 33401 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PEREDO, JENNIFER R MISS STRAUSS, BERNARD MR. Name: Name: 8630 OTTER CREEK COURT Address: 116C PALM POINT CIRCLE Address: City-St-Zip: ORLANDO, FL 32829 US City-St-Zip: PALM BEACH GARDENS, FL 33418 US Title: () Delete Title: () Change () Addition KANDEL, JOHANNA S MISS Name: Name: Address: 5600 NORTH FLAGLER DRIVE #1108 Address: City-St-Zip: WEST PALM BEACH, FL 33407 US City-St-Zip: Title: V/D () Delete Title: V/D (X) Change () Addition BELILTY, EDITH P MRS FISHBEIN, CAROL MS Name: Name: Address: 2850 BIARRITZ DRIVE 116 C PALM POINT CIRCLE Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 US City-St-Zip: PALM BEACH GARDENS, FL 33418 US Title: S/D () Delete Title: S/D (X) Change () Addition Name: PEREDO, MELISSA A MISS Name: VUKUSICH, JILLIAN C MRS 19000 PORTOFINO CIRCLE #114 Address: 8630 OTTER CREEK COURT Address: City-St-Zip: ORLANDO, FL 32829 US City-St-Zip: PALM BEACH GARDENS, FL 33418 US Title: () Delete Title: () Change (X) Addition HENDELMAN, JOANN V MS Name: Name: 5683 HIGH FLYER ROAD SOUTH Address: Address: PALM BEACH GARDENS, FL 33418 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition SHAFE, MARIE C MS Name: Name: Address: Address: 925 TORREY PINE DRIVE WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHANNA S. KANDEL, PRESIDENT MS. 02/01/2006