


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90194 006 ****61.50

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| DOCUMENT # N03000008212 |  |
| 1. Entity Name SHARON STRAUSS PARKER LYMPHOMA RESEARCH FOUNDATION, INC. | |

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| Principal Place of Business C/O SHARON STRAUSS PARKER 18168 DAYBREAK DRIVE BOCA RATON, FL 33496 | Mailing Address C/O SHARON STRAUSS PARKER 18168 DAYBREAK DRIVE BOCA RATON, FL 33496 |
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| 2. Principal Place of Business | 3. Mailing Address |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

40055121



04112006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 20-0447808 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent REDGRAVE & TURNER LLP 120 EAST PALMETTO PARK ROAD SUITE 450 BOCA RATON, FL 33432 | 7. Name and Address of New Registered Agent Name Redgrave & Rosenthal LLP Street Address (P.O. Box Number is Not Acceptable) 120 E. Palmetto Park Road Suite 450 City Boca Raton FL Zip Code 33414 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 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 STRAUSS PARKER, SHARON 18168 DAYBREAK DRIVE BOCA RATON, FL 33496 <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 REDGRAVE, ARTHUR R ESQ. 18168 DAYBREAK DRIVE BOCA RATON, FL 33496 <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 GOY, ANDRE DR. 18168 DAYBREAK DRIVE BOCA RATON, FL 33496 <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 BAST, ROBERT C DR. 18168 DAYBREAK DRIVE BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Paul Marshal, Esq. 165 Avenue of the Americas New York, NY 10018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TRUSCH, NORMA ESQ. 18168 DAYBREAK DRIVE BOCA RATON, FL 33496 <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 | <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: Sharon Strauss Parker 4-18-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #