

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 30, 2006
Secretary of State

DOCUMENT# 741214

Entity Name: PATRONS OF THE MUSEUM OF SCIENCE, INC.**Current Principal Place of Business:**3503 CRYSTAL VIEW CT
MIAMI, FL 33133 US**New Principal Place of Business:**530 TIBIDABO AVENUE
CORAL GABLES, FL 33143 US**Current Mailing Address:**3503 CRYSTAL VIEW CT
MIAMI, FL 33133 US**New Mailing Address:**530 TIBIDABO AVENUE
CORAL GABLES, FL 33143 US**FEI Number:** 59-1802789**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TROTTER, MARITA F
3503 CRYSTAL VIEW CT.
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**MURAD, BARBARA E
530 TIBIDABO AVENUE
CORAL GABLES, FL 33143 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: BARBARA MURAD

05/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRUXENT, ANNE
Address: 5530 LEJEUNE RD
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: BAKER, RITA
Address: 7007 SW 148 TERRACE
City-St-Zip: PALMETTO BAY, FL 33158

Title: T () Delete
Name: TROTTER, MARITA
Address: 3503 CRYSTAL VIEW CT
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: ROTOLANTE, BETTY
Address: 5345 SW 54 ST
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVELL, MARIE
Address: 5990 S. W. 135 TERRACE
City-St-Zip: PINECREST, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MURAD, BARBARA
Address: 530 TIBIDABO AVENUE
City-St-Zip: CORAL GABLES, FL 33143

Title: S (X) Change () Addition
Name: KAYE-MARTIN, SUE
Address: 3017 BLAINE STREET
City-St-Zip: COCONUT GROVE, FL 33133

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: BARBARA MURAD

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05/30/2006

Electronic Signature of Signing Officer or Director

Date