2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 753338

Entity Name: INTERNATIONAL FOUNDATION FOR BIOCHEMICAL ENDOCRINOLOGY, INC.

Current Principal Place of Business:

126 FOX RUN ROAD
ELLSWORTH, ME 04605

New Principal Place of Business:

Current Mailing Address:

521 36TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-2069395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAYTON, JAMES E.
111 S.E. FIRST AVENUE
GAINESVILLE, FL 32601 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: DP ( ) Delete
Name: MCKERNS, KENNETH W.,
Address: 126 FOX RUN ROAD
City-St-Zip: ELLSWORTH, ME 04605

Title: DV ( ) Delete
Name: MCKERNS, MAUREEN K
Address: 521-36TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DT ( ) Delete
Name: CLAYTON, JAMES E.,
Address: 11901 SE COUNTY ROAD
City-St-Zip: MICANOPY, FL 32667

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DV ( ) Change (X) Addition
Name: MCKERNS, LESLIE A
Address: 9640 VIA EMILY
City-St-Zip: BOCA RATON, FL 33428

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: MAUREEN MCKERNS DV 01/06/2005

Electronic Signature of Signing Officer or Director — Date