2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# 755101

Entity Name: THE NATIONAL FOUNDATION FOR CHILDREN, INC.

Current Principal Place of Business:

% DR. LAURIE D. BRAGA
3120 CENTER STREET
COCONUT GROVE, FL 33133

New Principal Place of Business:

% DR. LAURIE D. BRAGA
84 TUPELO STREET
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

% DR. LAURIE D. BRAGA
3120 CENTER STREET
COCONUT GROVE, FL 33133

New Mailing Address:

% DR. LAURIE D. BRAGA
P.O. BOX 4910
SANTA ROSA BEACH, FL 32459

FEI Number: 59-2039890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASEY, DANIEL, A.
KIRKPATRICK & LOCKHART
100 CHOPIN PLAZA, STE 2000, MIAMI CENTER
MIAMI, FL 33131 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: PD ( ) Delete
Name: BRAGA, DR. JOSEPH,
Address: 3120 CENTER STREET
City-St-Zip: COCONUT GROVE, FL

Title: TD ( ) Delete
Name: BRAGA, DR. LAURIE,
Address: 3120 CENTER ST
City-St-Zip: COCONUT GROVE, FL

Title: SD ( ) Delete
Name: BRAGA, THOMAS,
Address: 3120 CENTER STREET
City-St-Zip: COCONUT GROVE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRAGA, DR. JOSEPH,
Address: 84 TUPELO STREET
City-St-Zip: SANTA ROSA BEACH, FL

Title: TD (X) Change ( ) Addition
Name: BRAGA, DR. LAURIE,
Address: 84 TUPELO STREET
City-St-Zip: SANTA ROSA BEACH, FL

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

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: DR. LAURIE D. BRAGA TD 02/17/2004
Electronic Signature of Signing Officer or Director — Date