2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# 755101

Entity Name: THE NATIONAL FOUNDATION FOR CHILDREN, INC.

Current Principal Place of Business:

C/O DR. LAURIE D. BRAGA
3120 CENTER STREET
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

C/O DR. LAURIE D. BRAGA
3120 CENTER STREET
COCONUT GROVE, FL 33133

New Mailing Address:

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.
K & L GATES
201 S BISCAYNE BLVD MIAMI CENTER-20TH FL
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CASEY, DANIEL, A.
K & L GATES
200 S BISCAYNE BLVD SUITE 3900
MIAMI, FL 33131 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: _____ 02/14/2009
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 33133 US

Title: TD ( ) Delete
Name: BRAGA, DR. LAURIE,
Address: 3120 CENTER STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD ( ) Delete
Name: BRAGA, LAURIE D DR.
Address: 3120 CENTER STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

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:

I hereby certify that the information supplied with this filing does not qualify 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: DR. LAURIE D. BRAGA SD 02/14/2009
Electronic Signature of Signing Officer or Director — Date