2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# 761816

Entity Name: THE ASSOCIATION OF BIRTH DEFECT CHILDREN, INC.

Current Principal Place of Business:

930 WOODCOCK ROAD
SUITE 225
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

930 WOODCOCK ROAD
SUITE 225
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2193816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEKDECI, BETTY I.
3526 EMERYWOOD LANE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

MEKDECI, BETTY I.
3173 FOREST BREEZE WAY
SAINT CLOUD, FL 34771 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: 01/14/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MEKDECI, BETTY I.,
Address: 3173 FOREST BREEZE WAY
City-St-Zip: ST CLOUD, FL 34771 US

Title: SD ( ) Delete
Name: GLAIZE, SANDY,
Address: 4133 CONWAY PLACE CR
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete
Name: YEUELL, KAY
Address: 1381 COLLEGE POINT
City-St-Zip: WINTER PARK, FL

Title: TD ( ) Delete
Name: AIDE, JOYCE,
Address: 5120 ANDREA BLVD
City-St-Zip: ORLANDO, FL

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

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

Title: DIR ( ) Change (X) Addition
Name: KERBEN, ED
Address: N MAGNOLIA AVE.
City-St-Zip: ORLANDO, FL 32803

Title: DIR ( ) Change (X) Addition
Name: MEKDECI, MICHAEL
Address: 3173 FOREST BREEZE WAY
City-St-Zip: SAINT CLOUD, FL 34771

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: BETTY MEKDECI PD 01/14/2005
Electronic Signature of Signing Officer or Director — Date