## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005071

Entity Name: SMALL WORLD FOUNDATION, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
5353 N. FEDERAL HIGHWAY, SUITE 301 FORT LAUDERDALE, FL 33318	

Current Mailing Address:

New Mailing Address:

3400 CHASE TOWER 600 TRAVIS STREET HOUSTON, TX 77002 3400 CHASE TOWER C/O T. ALAN HARRIS 600 TRAVIS STREET

HOUSTON, TX 77002

FEI Number: 75-2631461 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNOLD, LAURENCE I M.D. 5353 N. FEDERAL HIGHWAY, SUITE 301 FORT LAUDERDALE, FL 33318 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ARNOLD, LAURENCE I M.D.
 Name:

 Address:
 5353 N. FEDERAL HIGHWAY, SUITE 301
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33318
 City-St-Zip:

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HOPKINS, KEVIN S M.D.
 Name:

 Address:
 7777 FOREST LANE, SUITE C-717
 Address:

 City-St-Zip:
 DALLAS, TX 75230
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition Name: TOLLE, MICHAEL A MD Name:

 Name:
 TOLLE, MICHAEL A MD
 Name:

 Address:
 399 WEST CAMPBELL ROAD SUITE 2
 Address:

 City-St-Zip:
 RICHARDSON, TX 75080
 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NORWOOD, REBECCA
 Name:

 Address:
 3696 NORTH FEDERAL HWY
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33308
 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: LAURENCE I. ARNOLD PRES 04/28/2005