
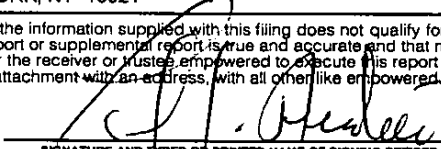


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90183 001 \*\*\*\*61.25

<b>DOCUMENT # F03000003512</b>					
<b>1. Entity Name</b> THE BERNADOTTE FOUNDATION FOR CHILDREN'S EYECARE, INC.					
<b>Principal Place of Business</b> C/O NEW YORK CRUISE LINES, INC. PIER 83, WEST END OF 42ND STREET NEW YORK, NY 10036			<b>Mailing Address</b> C/O NEW YORK CRUISE LINES, INC. PIER 83, WEST END OF 42ND STREET NEW YORK, NY 10036		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03252006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 13-3747789				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
EISENBERG, STEVEN E ESQ. 3109 STIRLING ROAD SUITE 101 FT. LAUDERDALE, FL 33312			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREN, KARL G		NAME		
STREET ADDRESS	18 CROWN LANE		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06831		CITY-ST-ZIP		
TITLE	VV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, HOWARD L JR.		NAME		
STREET ADDRESS	404 ROUND HILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06831		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, P. WHITRIDGE JR.		NAME		
STREET ADDRESS	45 EAST 85TH STREET APT. 2E		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10028		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STERN, ANN		NAME	AT ANDREN, LOUISE	
STREET ADDRESS	29 PINE RIDGE ROAD		STREET ADDRESS	18 CROWN LANE	
CITY-ST-ZIP	GREENWICH, CT 06830		CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, PETER W ESQ		NAME		
STREET ADDRESS	29142 BELCHESTER ROAD		STREET ADDRESS		
CITY-ST-ZIP	KENNEDYVILLE, MD 21645		CITY-ST-ZIP		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON BAKER, MARIANNA		NAME		
STREET ADDRESS	830 PARK AVE., APT. 6C		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10021		CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			4/21/06 212-630-8101		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		