


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90054 009 ****61.25

DOCUMENT # F03000003512	
1. Entity Name THE BERNADOTTE FOUNDATION FOR CHILDREN'S EYECARE, INC.	

Principal Place of Business C/O NEW YORK CRUISE LINES, INC. PIER 83, WEST END OF 42ND STREET NEW YORK, NY 10036	Mailing Address C/O NEW YORK CRUISE LINES, INC. PIER 83, WEST END OF 42ND STREET NEW YORK, NY 10036
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02132007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 13-3747789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EISENBERG, STEVEN E ESQ. 3109 STIRLING ROAD SUITE 101 FT. LAUDERDALE, FL 33312
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDREN, KARL G 18 CROWN LANE GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV CLARK, HOWARD L JR. 404 ROUND HILL ROAD GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, P. WHITRIDGE JR. 45 EAST 85TH STREET APT. 2E NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ANDREN, LOUISE 18 CROWN LN GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, PETER W ESQ 29142 BELCHESTER ROAD KENNEDYVILLE, MD 21645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD JOHNSON BAKER, MARIANNA 830 PARK AVE., APT. 6C NEW YORK, NY 10021

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 2007 (212) 630-8601
Date Daytime Phone #