

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90263 043 \*\*\*\*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 - No P.O. Box #</b> 363 CANAL STREET		<b>3. Mailing Address</b> 363 CANAL STREET			
Suite, Apt. #, etc. SUITE #3		Suite, Apt. #, etc. SUITE #3			
City & State NEW YORK, NY		City & State NEW YORK, NY		4. FEI Number 13-3747789	
Zip 10013		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  EISENBERG, STEVEN E ESQ. 3109 STIRLING ROAD SUITE 101 FT. LAUDERDALE, FL 33312			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Delete ANDREN, KARL G 18 CROWN LANE GREENWICH, CT 06831		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GARFINKEL, LESTER S 10 WEST 66TH STREET APT 9D NEW YORK, NY 10023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV <input checked="" type="checkbox"/> Delete CLARK, HOWARD L JR. 404 ROUND HILL ROAD GREENWICH, CT 06831		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARILYN MILLER UIC EYE CENTER (MIL 648), DEPT OF OPHTHALMOLOGY & VISUAL SCIENCES, 1855 WEST TAYLOR STREET CHICAGO, IL 60612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete WILLIAMS, P. WHITRIDGE JR. 45 EAST 85TH STREET APT. 2E NEW YORK, NY 10028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATHY SPAHN 149 EAST 73RD STREET, PH B NEW YORK, NY 10021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <input type="checkbox"/> Delete ANDREN, LOUISE 18 CROWN LN GREENWICH, CT 06831		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EVAN MALICK 875 5TH AVENUE, 18TH FLOOR NEW YORK, NY 10021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete WILLIAMS, PETER W ESQ 29142 BELCHESTER ROAD KENNEDYVILLE, MD 21645		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAMS, PETER W ESQ 29142 BELCHESTER ROAD KENNEDYVILLE, MD 21645	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Delete JOHNSON BAKER, MARIANNA 830 PARK AVE., APT. 6C NEW YORK, NY 10021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KENNETH R. NORGAN 175 EAST DELAWARE PLACE, APT 5012 CHICAGO, IL 60611	
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>SIGNATURE:</b> <i>Peter Williams</i> <b>May 1, 2008</b> <b>1-717-2102792</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					