2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000003614

TI FILED
Oct 09, 2006
Secretary of State

Entity Name: THE PAIRS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1056 CREEKFORD DRIVE WESTON, FL 33326 US

Current Mailing Address: New Mailing Address:

1056 CREEKFORD DRIVE WESTON, FL 33326 US

FEI Number: 52-1327867 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:

GORDON, LORI H 1056 CREEKFORD DRIVE WESTON, FL 33326 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:

Fitle: D () Delete Title: () Change () Addition

 Name:
 GORDON, LORI H
 Name:

 Address:
 1056 CREEKFORD DRIVE
 Address:

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: MARKS, RICHARD Name: HURVITZ, JUDY

Address: 886 PALERMO RD. Address: 3705 SOUTH GEORGE MASON DRIVE, #1404

City-St-Zip: JACKSONVILLE, FL 32216 US City-St-Zip: FALLS CHURCH, VA 22041 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 SIMMONS, NEAL
 Name:
 EISENBERG, DAVID

 Address:
 7410 N.W. 4TH AVE.
 Address:
 100 WHITMAN ROAD

 City-St-Zip:
 BOCA RATON, FL 33487 US
 City-St-Zip:
 NEEDHAM, MA 02492 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LORI H. GORDON PRES 10/09/2006