

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 25, 2007
Secretary of State

DOCUMENT# N00000003614

Entity Name: THE PAIRS FOUNDATION, INC.**Current Principal Place of Business:**1056 CREEKFORD DRIVE
WESTON, FL 33326 US**New Principal Place of Business:**2771 EXECUTIVE PARK DRIVE
#1
WESTON, FL 33331 US**Current Mailing Address:**1056 CREEKFORD DRIVE
WESTON, FL 33326 US**New Mailing Address:**2771 EXECUTIVE PARK DRIVE
WESTON, FL 33331 US**FEI Number:** 52-1327867**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GORDON, LORI H
1056 CREEKFORD DRIVE
WESTON, FL 33326 US**Name and Address of New Registered Agent:**

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:Title: D () Delete
Name: GORDON, LORI H
Address: 1056 CREEKFORD DRIVE
City-St-Zip: WESTON, FL 33326 USTitle: D () Delete
Name: HURVITZ, JUDY
Address: 3705 SOUTH GEORGE MASON DRIVE, #1404
City-St-Zip: FALLS CHURCH, VA 22041 USTitle: D () Delete
Name: SIMMONS, NEAL
Address: 7110 NW 4TH AVENUE
City-St-Zip: BOCA RATON, FL 33487 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: EISENBERG, DAVID
Address: 100 WHITMAN ROAD
City-St-Zip: BOSTON, MA 02492 USTitle: D () Change (X) Addition
Name: CARON, DAVID FATHER
Address: 5909 NW 7 STREET
City-St-Zip: MIAMI, FL 33125Title: D () Change (X) Addition
Name: EISENBERG, SETH D
Address: 19125 STONEBROOK STREET
City-St-Zip: WESTON, FL 33332

I hereby certify that the information supplied with this filing does not qualify 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

06/25/2007

Electronic Signature of Signing Officer or Director

Date