2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2012
Secretary of State

DOCUMENT# N00000007810

Entity Name: KIDS CANCER FOUNDATION, INC.

Current Principal Place of Business:

13833 WELLINGTON TRACE, E4-137
WELLINGTON, FL 33414

New Principal Place of Business:

12989 SOUTHERN BLVD. BLDG 3
SUITE 201
LOXAHATCHEE, FL 33470

Current Mailing Address:

13833 WELLINGTON TRACE, E4-137
WELLINGTON, FL 33414

New Mailing Address:

12989 SOUTHERN BLVD. BLDG 3
SUITE 201
LOXAHATCHEE, FL 33470

FEI Number: 01-0551879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'BOYLE, MICHELLE D RN
12808 KINGSWAY RD
WELLINGTON, FL 33414 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: PD
Name: O'BOYLE, MICHELLE
Address: 12808 KINGSWAY RD.
City-St-Zip: WELLINGTON, FL 33414

Title: TD
Name: ERB, SANDRA
Address: 206 MONTEREY WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD
Name: FLORA, KELLY
Address: 12883 SE HOBE HILLS DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: D
Name: GUERERRI, NICOLE
Address: 10666 WILLOW OAK CT.
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: LEINWOL, THOMAS
Address: 118 COCOPLUM CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE O'BOYLE RN, CPON PD 02/22/2012

Electronic Signature of Signing Officer or Director — Date