2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# N01000001603

Entity Name: BRAIN TUMOR FOUNDATION INC.

Current Principal Place of Business:

6207 OLD COURT ROAD #603
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

6207 OLD COURT ROAD #603
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-1082640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMMER, CHRISTOPHER A
6207 OLD COURT ROAD #603
BOCA RATON, FL 33433

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: PTD ( ) Delete
Name: HAMMER, CHRISTOPHER A
Address: 6207 OLD COURT RD., #603
City-St-Zip: BOCA RATON, FL 33433

Title: VD ( ) Delete
Name: HAMMER, LOWELL V
Address: 1592 S.E. BALLANTRAE CT.
City-St-Zip: PORT SAINT LUCIE, FL 349526040

Title: SD ( ) Delete
Name: HAMMER, ELIZABETH B
Address: 1592 S.E. BALLANTRAE CT.
City-St-Zip: PORT SAINT LUCIE, FL 349526040

Title: D ( ) Delete
Name: LIETZ, TERRY
Address: 800 BROWN ST.
City-St-Zip: KEY LARGO, FL 33047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER A. HAMMER PTD 03/03/2004

Electronic Signature of Signing Officer or Director — Date