

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N01000006315

**Entity Name:** THE REACH FOR THE STARS FOUNDATION TO BENEFIT INDIVIDUALS WITH CYSTIC FIBROSIS, INC.

**Current Principal Place of Business:**

1025 KANE CONCOURSE #207  
BAY HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1025 KANE CONCOURSE  
SUITE 207  
BAY HARBOR ISLAND, FL 33154

**New Mailing Address:**

**FEI Number:** 65-1134410      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVY, BRIAN  
1025 KANE CONCOURSE  
SUITE 207  
BAL HARBOUR, FL 33154 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: LEVY, STACEY M  
Address: 291 BAL BAY DRIVE, APARTMENT 307  
City-St-Zip: BAL HARBOUR, FL 33154

Title: D      ( ) Delete  
Name: LEVY, BRIAN M  
Address: 291 BAL BAY DRIVE, APARTMENT 307  
City-St-Zip: BAL HARBOUR, FL 33154

Title: D      ( ) Delete  
Name: KLEIN, JEFFREY  
Address: 1025 COLLINS AVENUE #308  
City-St-Zip: BAL HARBOUR, FL 33154

**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:

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: STACEY LEVY

D

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date