


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000007772</b>	
1. Entity Name <b>ELLEN SARA COLIN LEUKEMIA FOUNDATION, INC.</b>	

Principal Place of Business <b>2290 10TH AVENUE NORTH SUITE 304 LAKE WORTH, FL 33461</b>	Mailing Address <b>2290 10TH AVENUE NORTH SUITE 304 LAKE WORTH, FL 33461</b>
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**DO NOT WRITE IN THIS SPACE**



03202004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1156341</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>COLIN, MARTIN H 2290 10TH AVENUE NORTH SUITE 304 LAKE WORTH, FL 33461</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when constituting)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000085288 03/24/04-80025-020 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLIN, MARTIN H 2290 10TH AVENUE NORTH LAKE WORTH, FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DELLASALA, KELLY L 2290 10TH AVENUE NORTH LAKE WORTH, FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZEIDEL, JUDITH 147 SOUTH WORTH COURT WEST PALM BEACH, FL 33405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Kelly L. Dellasala</i> <b>KELLY L. DELLASALA 3.22.04 561-5476</b>	DATE	Daytime Phone #
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