2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004613

Entity Name: FOUNDATION FOR NEUROLOGY RESEARCH, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1111 SOUTH ORANGE AVE., STE. 300 ORLANDO, FL 32806 1111 SOUTH ORANGE AVE., STE. 300 ORLANDO, FL 32806 US

Current Mailing Address: New Mailing Address:

1111 SOUTH ORANGE AVE., STE. 300 ORLANDO, FL 32806 1111 SOUTH ORANGE AVE., STE. 300 ORLANDO, FL 32806 US

FEI Number: 03-0469928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEFKOWITZ, IVAN M ESQ.
430 N. MILLS AVE.

ORLANDO, FL 32803 US

LEFKOWITZ, IVAN M ESQ.
430 N. MILLS AVE.

SUITE 4

ORLANDO, FL 32803 US

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: 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: JACOBS, DANIEL H Name: JACOBS, DANIEL H

Address: 1111 SOUTH ORANGE AVE., STE. 300 Address: 1111 SOUTH ORANGE AVE., STE. 300

City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806 US

Title: VSD () Delete Title: VSD (X) Change () Addition

Name: KLAFTER, MARK J Name: KLAFTER, MARK J

Address: 1111 SOUTH ORANGE AVE., STE. 300 Address: 1111 SOUTH ORANGE AVE., STE. 300

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32806 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BAILL, CORI
 Name:
 BAILL, CORI

 Address:
 244 SYLVAN BLVD
 Address:
 244 SYLVAN BLVD

City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 US

Title: () Delete Title: D () Change (X) Addition

Name: Name: FISHBON, MARK
Address: Address: 1811 CENTRE ST

City-St-Zip: City-St-Zip: WEST ROXBURY, MA 02132 US

ity-st-zip. WEST NOABONT, WAS 02132 03

 Name:
 Name:
 DANHOF, ETHEL

 Address:
 Address:
 1808 MISTY MORN PL

 City-St-Zip:
 City-St-Zip:
 LONGWOOD, FL 32779 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 HALPERN, DANIEL

 Address:
 Address:
 2758 UTICA AVE S

City-St-Zip: City-St-Zip: MINNEAPOLIS, MN 55416 US

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: DANIEL H. JACOBS PTD 04/30/2007