2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004996

1. Entity Name

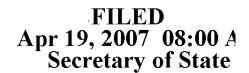
PATIENT ALLIANCE FOR NEUROENDOCRINEIMMUNE DISORDERS ORGANIZATION FOR RESEARCH AND ADVOCACY, INC.



Principal Place of Business

C/O GEORGE VINA CPA, VINA & COMPANY 255 ALHAMBRA CIRCLE SUITE 715 CORAL GABLES, FL 33134 Mailing Address

C/O GEORGE VINA CPA, VINA & COMPANY 255 ALHAMBRA CIRCLE SUITE 715 CORAL GABLES, FL 33134





04032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number	 	Applied For
55-0795076	 	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional	

6. Name and Address of Current Registered Agent

GOLD, AARON J 704 WEST BAY STREET TAMPA, FL 33606

SIGNATURE:

DO NOT WRITE

	,		The state of the s	
	named entity submits this statement for thions of registered agent.	e purpose of changing its registers	χ.	n, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be	
10.	OFFICERS AND DIF	ECTORS	75 H 3 - 1 - 1 - 1 - 1 - 1	Salt approval and the Market and the States
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKIBBEN, MARLY 3402 BEACON ST. POMPANO BEACH, FL 33062		And the state of t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROKSCH, DAWN 15826 SW 16-COURT PEMBROKE PINES, FL 33027		ne degles DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VINA, GEORGE F 255 ALHAMBRA CIRCLE, SUITE 1 CORAL GABLES, FL 33134	75		THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				05/01/07-80009-015 61.25
12. I hereby indicated of the co-	certify that the infolmation supplied with th I on this report or subplemental report is tr reporation or the receiver or trustee expower, or on an attachment with an Juddress, with	is filing does not qualify for the ex ue and accurate and that my signa ared to execute this report as requi all other like empoyment.	emptions contained in Chapter 119 ture shall have the same legal effected by Chapter 617, Florida Statute	, Florida Statutes. I further certify that the information tas if made under oath; that I am an officer or directors; and that my name appears in Block 10 or Block 11 if