## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006731

FILED May 01, 2006 Secretary of State

Entity Name: SHEILA'S WISH FOUNDATION INC.

urrent F	Principal Place of Business:	New Principal Place of Business:
	RUCE VIEW WAY IA BEACH, FL 32128	
urrent I	Mailing Address:	New Mailing Address:
	RUCE VIEW WAY IA BEACH, FL 32128	
	er: 33-1011554 FEI Number Applied For ( ) ance with s. 607.193(2)(b), F.S., the corporation di	
ame an	nd Address of Current Registered Agent	: Name and Address of New Registered Agent:
485 SPF	i, MARIE RUCE VIEW WAY IA BEACH, FL 32128 US	
ne ahov	ve named entity submits this statement for t	he numose of changing its registered office or registered agent, or bo
	ve named entity submits this statement for t late of Florida.	he purpose of changing its registered office or registered agent, or bo
the Sta	ate of Florida.	he purpose of changing its registered office or registered agent, or bo
the Sta	ate of Florida.	
ithe Sta	ate of Florida. The state of Florida and the s	he purpose of changing its registered office or registered agent, or bo  Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT
the Star GNATU FFICER cle: ame: ldress:	Electronic Signature of Registered  RS AND DIRECTORS:  D () Delete SIMCHIK, MARIE 2485 SPRUCE VIEW WAY	Agent Date
the Sta	Tate of Florida.  JRE:  Electronic Signature of Registered  RS AND DIRECTORS:  D () Delete SIMCHIK, MARIE 2485 SPRUCE VIEW WAY DAYTONA BEACH, FL 32128  D () Delete SIMCHIK, PETE 2485 SPRUCE VIEW WAY	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition Name: Name: Address:
the Star GNATL  FFICER le: ume: dress: ty-St-Zip: le: ume: dress:	Tate of Florida.  JRE:  Electronic Signature of Registered  RS AND DIRECTORS:  D () Delete SIMCHIK, MARIE 2485 SPRUCE VIEW WAY DAYTONA BEACH, FL 32128  D () Delete SIMCHIK, PETE 2485 SPRUCE VIEW WAY DAYTONA BEACH, FL 32128  D () Delete NIPPER, TRACY 2223 HYMAN PLACE	Agent  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE SIMCHIK MRS. 05/01/2006