2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009792

Entity Name: IN THE TWINKLING OF AN EYE FOUNDATION, INC.

FILED Jun 10, 2004 Secretary of State

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

2676 MCMULLEN BOOTH RD., SUITE 933 1916 HIGHVIEW DRIVE

CLEARWATER, FL 33761 PALM HARBOR, FL 34683 US

Current Mailing Address: New Mailing Address:

2676 MCMULLEN BOOTH RD., SUITE 933 1916 HIGHVIEW DRIVE

CLEARWATER, FL 33761 PALM HARBOR, FL 34683 US

FEI Number: 55-0812056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LOTHROP, MONICA V LOTHROP, MONICA V 101 E. KENNEDY BLVD., SUITE 2800 5300 BAYSHORE BLVD. TAMPA, FL 33602

TAMPA, FL 33611 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: MONICA V. LOTHROP 06/10/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

WEBER, LORI A RINEHART, LORI A Name: Name: 2676 MCMULLEN BOOTH RD., SUITE 933 Address: 1916 HIGHVIEW DRIVE Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: PALM HARBOR, FL 34683 US

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

LATHROP, MONICA V Name: LOTHROP, MONICA V ESQ Name: Address: 101 E. KENNEDY BLVD., SUITE 2800 Address: 5300 BAYSHORE BLVD., # C-3

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33611 US

Title: DS () Delete Title: (X) Change () Addition SCHLEE ALEONG, MICHELE E ITRO, CORINNE Name: Name: 2550 STATE RD. 580, #145 11354 STRATTON PARK DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: TAMPA, FL 33617 US

() Delete Title: VPD Title: (X) Change () Addition RINEHART, A. LORI RYCZEK, MARK G AIA Name: Name: 1916 HIGHVOEW DR 17920 GULF BLVD., # 1005 Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: REDINGTON SHORES, FL 33708

Title:

Title: (X) Delete () Change () Addition WILSON, MAUREEN Name: Name:

1452 FLATWOOD CT Address: Address: City-St-Zip: NEW PORT RICHEY, FL 346555341 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: A. LORI RINEHART Ρ 06/10/2004