2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N03000004740

Entity Name: MARLIN & FAE KLINGER ARM & A LEG FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 840736
PEMBROKE PINES, FL 33084

New Principal Place of Business:

Current Mailing Address:

PO BOX 840736
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 02-0694534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENYON, MARDIE
7821 SHERIDAN STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KLINGER, MARLIN
Address: PO BOX 840736
City-St-Zip: PEMBROKE PINES, FL 33084

Title: D ( ) Delete
Name: KLINGER, FAE
Address: PO BOX 840736
City-St-Zip: PEMBROKE PINES, FL 33084

Title: COO ( ) Delete
Name: KENYON, MARDIE
Address: PO BOX 840736
City-St-Zip: PEMBROKE PINES, FL 33084

Title: D ( ) Delete
Name: KLINGER, BRADLEY
Address: PO BOX 840736
City-St-Zip: PEMBROKE PINES, FL 33084

Title: D ( ) Delete
Name: KLINGER, MOLLIE
Address: PO BOX 840736
City-St-Zip: PEMBROKE PINES, FL 33084

Title: P ( ) Delete
Name: KLINGER, TIMOTHY
Address: PO BOX 840736
City-St-Zip: PEMBROKE PINES, FL 33084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MARDIE KENYON COO 04/18/2005

Electronic Signature of Signing Officer or Director — Date