2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N03000009321

Entity Name: TORCH RELAY FOR CHILDREN'S MIRACLE NETWORK, INC.

Current Principal Place of Business:

6649 WESTWOOD BLVD.
C/O KEITH KOCAREK
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

PO BOX 692589
ORLANDO, FL 32569

New Mailing Address:

FEI Number: 80-0080028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOCAREK, KEITH
6649 WESTWOOD BOULEVARD
ORLANDO, FL 32821 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:	DC	( ) Delete
Name:	KOCAREK, KEITH	
Address:	PO BOX 692589	
City-St-Zip:	ORLANDO, FL 32569	
Title:	D	( ) Delete
Name:	STEINMAN, CHRIS	
Address:	PO BOX 692589	
City-St-Zip:	ORLANDO, FL 32569	
Title:	D	( ) Delete
Name:	NEVITT, DORATHY	
Address:	PO BOX 692589	
City-St-Zip:	ORLANDO, FL 32569	
Title:	D	( ) Delete
Name:	WEISZ, SCOTT	
Address:	PO BOX 692589	
City-St-Zip:	ORLANDO, FL 32569	
Title:	D	( ) Delete
Name:	CHILDREN'S MIRACLE N, ETWORK	
Address:	PO BOX 692589	
City-St-Zip:	ORLANDO, FL 32569	
Title:	D	( ) Delete
Name:	MILAN, MARIA	
Address:	PO BOX 692589	
City-St-Zip:	ORLANDO, FL 32569	

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: KEITH KOKAREK D 04/29/2005

Electronic Signature of Signing Officer or Director — Date