2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2012
Secretary of State

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

Current Principal Place of Business:

6649 WESTWOOD BLVD.
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

PO BOX 692589
ORLANDO, FL 32869

New Mailing Address:

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

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: P
Name: KOCAREK, KEITH
Address: P O BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: VP
Name: STEINMAN, CHRIS
Address: P O BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: VP
Name: NEVITT, DORATHY
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: VP
Name: WEISZ, SCOTT
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: D
Name: BRETL, DAN
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32569

Title: D
Name: JASPER-ZELLNER, PATTY
Address: PO BOX 692589
City-St-Zip: ORLANDO, FL 32869

I hereby 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 all other like empowered.

SIGNATURE: KEITH KOCAREK P 03/19/2012

Electronic Signature of Signing Officer or Director — Date