

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003790

FILED
Apr 26, 2005
Secretary of State

Entity Name: BRAIN TUMOR ACTION NETWORK, INC.

Current Principal Place of Business:

38940 1ST AVENUE
ZEPHYHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

38940 1ST AVENUE
ZEPHYHILLS, FL 33542

New Mailing Address:

FEI Number: 51-0430851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALVANA, KRISTINA
38940 1ST AVENUE
ZEPHYHILLS, FL 33542 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: STD () Delete
Name: MCALVANA, KRISTINA
Address: 38940 1ST AVENUE
City-St-Zip: ZEPHYHILLS, FL 33542

Title: PD () Delete
Name: MCKAY, PAUL
Address: 15 MAGNUM COURT #14
City-St-Zip: SMITHFIELD, RI 02917

Title: VD () Delete
Name: SCOTT, CYNTHIA RIXEY
Address: 1012 PONTIAC STREET
City-St-Zip: DENVER, CO 80220

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: TUCKER, KRISTIN
Address: 639 ARBOR HAVEN DRIVE
City-St-Zip: BALLWIN, MO 63021

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: KRISTINA MCALVANA

STD

04/26/2005

Electronic Signature of Signing Officer or Director

Date