2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003790

FILED May 03, 2007 Secretary of State

Entity Name: BRAIN TUMOR ACTION NETWORK INC.

Littly Na	ME. BRAIN TOWOR ACTION NETWORK	INC.		
Current P	rincipal Place of Business:	New Principal Place of Business:		
	BERLEA AVENUE .LS, FL 33541			
Current N	lailing Address:	New Mailing Address:		
	BERLEA AVENUE LS, FL 33541			
In accordan	: 51-0430851 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable () Certificate of State not receive the prior notice.	us Desired()	
Name and	I Address of Current Registered Agent:	Name and Address of New Registered	Agent:	
5231 CAM ZEPHYHIL The above		e purpose of changing its registered office or registered	d agent, or both,	
in the State	e of Florida.			
SIGNATUI				
	Electronic Signature of Registered A	Agent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS /	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	STD () Delete PRILLIMAN, KRISTINA 5231 CAMBERLEA AVENUE ZEPHYHILLS, FL 33541	Title: () Change () Addition Name: Address: City-St-Zip:	י	
Title: Name: Address: City-St-Zip:	PD () Delete MCKAY, PAUL 15 MAGNUM COURT #14 SMITHFIELD, RI 02917	Title: () Change () Addition Name: Address: City-St-Zip:	ו	
Title: Name: Address: City-St-Zip:	VD () Delete SCOTT, CYNTHIA RIXEY 1012 PONTIAC STREET DENVER, CO 80220	Title: () Change () Addition Name: Address: City-St-Zip:	١	
Title: Name: Address: City-St-Zip:	D () Delete TUCKER, KRISTIN 639 ARBOR HAVEN DRIVE BALLWIN, MO 63021	Title: () Change () Addition Name: Address: City-St-Zip:	ו	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 PRILLIMAN STD 05/03/2007