

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2008  
Secretary of State**

**DOCUMENT#** N04000003790

**Entity Name:** BRAIN TUMOR ACTION NETWORK, INC.

**Current Principal Place of Business:**

5231 CAMBERLEA AVENUE  
ZEPHYHILLS, FL 33541

**New Principal Place of Business:**

**Current Mailing Address:**

5231 CAMBERLEA AVENUE  
ZEPHYHILLS, FL 33541

**New Mailing Address:**

**FEI Number: 51-0430851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRILLIMAN, KRISTINA  
5231 CAMBERLEA AVENUE  
ZEPHYHILLS, FL 33541    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:            PRILLIMAN, KRISTINA  
Address:        5231 CAMBERLEA AVENUE  
City-St-Zip:    ZEPHYHILLS, FL 33541

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

**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:

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 M. PRILLIMAN

STD

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date