2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006
Secretary of State

DOCUMENT# N04000008900

Entity Name: THE MEMORY LOSS PREVENTION & RECOVERY INSTITUTE, INC.

Current Principal Place of Business:

6992 MARION AVE.
MARGATE, FL 33063

New Principal Place of Business:

6679 MID SUMMER LANE
SANFORD, FL 32771

Current Mailing Address:

6992 MARION AVE.
MARGATE, FL 33063

New Mailing Address:

6679 MID SUMMER LANE
SANFORD, FL 32771

FEI Number: 20-1664768 **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:

JOYCE, JILL
6992 MARION AVE.
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

JOYCE, JILL
6679 MID SUMMER LANE
SANFORD, FL 32771 US

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: _____ 05/10/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOYCE, JILL
Address: 6992 MARION AVE
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete
Name: ROIG, LIDIA
Address: 16711 COLLINS AVE., #203
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP ( ) Delete
Name: HERNANDEZ, GISELA
Address: 17971 BISCAYNE BLVD., SUITE 102
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: JOYCE, JILL
Address: 6679 MID SUMMER LANE
City-St-Zip: SANFORD, FL 32771

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 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: JILL JOYCE DR. 05/10/2006
Electronic Signature of Signing Officer or Director — Date