2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N05000005411

Entity Name: MOTHERS AGAINST BRAIN INJURY, INC.

Current Principal Place of Business:

1052 BUTTERCUP DR.
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

PMB 424/445-26 STATE RD 13 N
FRUIT COVE, FL 32259

New Mailing Address:

FEI Number: 35-2256282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONAHOO, THOMAS M JR
50 NORTH LAURA ST
SUITE 2925
JACKSONVILLE, FL 32202 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: DPC ( ) Delete
Name: PORTER, TRACY E
Address: 1052 BUTTERCUP DR.
City-St-Zip: ST. JOHNS, FL 32259

Title: D ( ) Delete
Name: TORAL, FRANK L P.A.
Address: 4780 DAVIE RD SUITE 101
City-St-Zip: FT LAUDERDALE, FL 33314

Title: D ( ) Delete
Name: BETTY, TORRES
Address: 4780 DAVIE RD SUITE 101
City-St-Zip: FT LAUDERDALE, FL 33314

Title: D ( ) Delete
Name: JOSEPH, TEPAS, III J DR.
Address: 655 W 8TH STREET, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TORAL, FRANK L
Address: 4780 DAVIE RD SUITE 101
City-St-Zip: FT LAUDERDALE, FL 33314

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: FRANK L. TORAL D 05/03/2007

Electronic Signature of Signing Officer or Director — Date