2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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:

2750 RACE TRACK ROAD
SUITE 305 PMB 137
SAINT JOHNS, FL 32259

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
Name: PORTER, TRACY A
Address: 1052 BUTTERCUP DR.
City-St-Zip: ST. JOHNS, FL 32259

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

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

I hereby 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 all other like empowered.

SIGNATURE: TRACY A. PORTER DPC 04/02/2010

Electronic Signature of Signing Officer or Director — Date