2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010018

FILED Jan 04, 2007 Secretary of State

Entity Name: AMERICAN INVITRO FERTILIZATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

18671 COLLINS AVE., STE. 1502 18851 NE 29TH AVE SUNNY ISLES, FL 33160

720

AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

18671 COLLINS AVE., STE. 1502 18090 COLLINS AVE.

SUNNY ISLES, FL 33160 T17/213

SUNNY ISLES, FL 33160

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

NOONEY, JAMES F. JR. 16871 COLLINS AVE., STE. 1502 NOONEY, JAMES F. JR. 18090 COLLINS AVE

SUNNY ISLES, FL 33160 T17/213

SUNNY ISLES, FL 33160 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: 01/04/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition NOONEY, JAMES F. JR. NOONEY, JAMES F. JR. Name: Name: 18671 COLLINS AVE., STE. 1502 Address: 18090 COLLINS AVE T17/213 Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: SUNNY ISLES, FL 33160

Title: (X) Delete Title: () Change () Addition

Name: NOONEY, ROSANA E Name: Address: 18671 COLLINS AVE., STE, 1502 Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip:

Title: DS (X) Delete Title: () Change () Addition

DELGADO, NORA E Name: Name: 18671 COLLINS AVE., STE. 1502 Address: Address: City-St-Zip: SUNNY ISLES, FL 33160 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: JAMES F. NOONEY JR DP 01/04/2007