2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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Entity Name: HEREDITARY IMMUNE DEFICIENCY ASSOCIATION, INC.

Current Principal Place of Business:

6381 ROBINSON STREET
JUPITER, FL 33458

New Principal Place of Business:

6381 ROBINSON STREET
JUPITER, FL 33458 US

Current Mailing Address:

6381 ROBINSON STREET
JUPITER, FL 33458

New Mailing Address:

6381 ROBINSON STREET
JUPITER, FL 33458 US

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

Name and Address of Current Registered Agent:

FREDERIC T. DEHON, JR., P.A.
5606 PGA BOULEVARD
SUITE 211
PALM BEACH GARDENS, FL 33418 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: D
Name: SCHWARTZ, DAVID
Address: 6400 ROBINSON STREET
City-St-Zip: JUPITER, FL 33458 US

Title: OFFI
Name: SCHWARTZ, RENATA
Address: 6400 ROBINSON STREET
City-St-Zip: JUPITER, FL 33458 US

Title: D
Name: PALADINO, NIKKI
Address: 1430 NORTH LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460 US

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: RENATA SCHWARTZ OFFI 04/30/2011

Electronic Signature of Signing Officer or Director — Date