2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

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Entity Name: IMAGES FOR A CURE, INC.

Current Principal Place of Business:

529 EVENING SKY DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

529 EVENING SKY DRIVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 27-2430714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAVER, KRISTEN E
529 EVENING SKY DRIVE
OVIEDO, FL 32765 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: P
Name: WEAVER, KRISTEN E
Address: 529 EVENING SKY DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: VP
Name: FRAYLE, ADRIEN
Address: 132 SOUTH BUMBY AVE., UNIT B
City-St-Zip: ORLANDO, FL 33803

Title: VP
Name: AVILES, ANGIE
Address: 2337 ABNEY AVE.
City-St-Zip: ORLANDO, FL 32833

Title: VP
Name: PACE, MELANIE
Address: 238 ADELAIDE ST.
City-St-Zip: DEBARY, FL 32713

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: KRISTEN WEAVER P 01/06/2012

Electronic Signature of Signing Officer or Director — Date