2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N21760

1. Entity Name



FILED Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90067 029 ****61.25

INC.	HILDREN'S CANCER OF PAL	.M BEACH COUNT						
Principal Place of Business 11971 LAKE SHORE PL N PALM BCH, FL 33408 US PALM BEACH, FL 33420 U			US	•-				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007 Ch	g-NP CR2E	037 (12/06)		
City & State		City & State		4. FEI Number 65-008201	3	├	oplied For	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Addr	ress of New Registered			
GASKILL, TANA			Name	Name				
2610 BORDEAUX CT PALM BEACH GARDENS, FL 33410			Street Address (Street Address (P.O. Box Number is Not Acceptable)				
			City		F	L Zip Code	е	
	named entity submits this statement for thions of registered agent.	ne purpose of changing its re	gistered office or register	red agent, or both, in t	the State of Florida. I ar	n familiar with,	and accept	
trie obligat	ions or registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	egistered Agent signature required	d when reinstating)	DATE			
				-				
	FIN F 1- 664 OF	Floation Comp.	olan Einonaina	05.00	Maka aba	ak sauabla è	_	
	Filing Fee is \$61.25 Due by May 1, 2007	Section Camp Trust Fund Cor		\$5.00 May Be Added to Fees		ck payable to artment of St		
10.	OFFICERS AND DIREC	Trust Fund Cor	ntribution.	Added to Fees		artment of St	tate	
TITLE	OFFICERS AND DIRECT	Trust Fund Cor	11. A	Added to Fees	Florida Dep	artment of St	tate	
	OFFICERS AND DIREC	Trust Fund Cor	11. A	Added to Fees	Florida Dep	DIRECTORS IN	tate	
TITLE NAME	PD COLTON, DELORES 11971 LAKE SHORE PL N PALM BCH, FL 33408	Trust Fund Cor	11. A SITLE NAME	Added to Fees	Florida Dep	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD COLTON, DELORES 11971 LAKE SHORE PL N PALM BCH, FL 33408 TD	Trust Fund Cor	11. A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Dep	DIRECTORS IN	tate	
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I nereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _