2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# N22299

Entity Name: THE ALS ASSOCIATION FLORIDA CHAPTER, INC.

Current Principal Place of Business:

5005 W. LAUREL STREET
110
TAMPA, FL 33607 US

New Principal Place of Business:

5005 W. LAUREL STREET
213
TAMPA, FL 33607 US

Current Mailing Address:

5005 W. LAUREL STREET
110
TAMPA, FL 33607 US

New Mailing Address:

5005 W. LAUREL STREET
213
TAMPA, FL 33607 US

FEI Number: 94-3124732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARA, ALEXANDER
1405 VENTURA DRIVE
RUSKIN, FL 33573 US

Name and Address of New Registered Agent:

DARA, ALEXANDER
1405 VENTANA DRIVE
RUSKIN, FL 33573 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: _____ 02/14/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: MORONEY, JIM
Address: 100 N. TAMPA ST. #3000
City-St-Zip: TAMPA, FL 33602

Title: DP ( ) Delete
Name: ALEXANDER, DARA
Address: 1405 VENTANA DR.
City-St-Zip: RUSKIN, FL 33573

Title: D ( ) Delete
Name: MURPHY, JAMES B JR.
Address: 100 N. TAMPA STREET, SUITE 2900
City-St-Zip: TAMPA, FL 33602

Title: DS ( ) Delete
Name: SMITH, DON
Address: 16209 SIERRA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: DT (X) Delete
Name: BRAY, TALMADGE
Address: 4016 HENDERSON BLVD.., STE. I
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: MORONEY, JIM
Address: 100 N. TAMPA ST. #3000
City-St-Zip: TAMPA, FL 33602

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: MURPHY, JAMES B JR.
Address: 100 N. TAMPA STREET, SUITE 2900
City-St-Zip: TAMPA, FL 33602

Title: DVP (X) Change ( ) Addition
Name: BRAY, TALMADGE
Address: 4016 HENDERSON BLVD.., STE. I
City-St-Zip: TAMPA, FL 33629

Title: ( ) Change ( ) Addition
Name:
Address:
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: DARA M. ALEXANDER DP 02/14/2006
Electronic Signature of Signing Officer or Director — Date