2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22299

FILED Feb 26, 2007 Secretary of State

Entity Name: THE ALS ASSOCIATION FLORIDA CHAPTER, INC.

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

5005 W. LAUREL STREET 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 33619 US

213 TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

5005 W. LAUREL STREET 3242 PARKSIDE CENTER CIRCLE

213 TAMPA, FL 33619 US 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: Name and Address of New Registered Agent:

DARA, ALEXANDER ALEXANDER, DARA
1405 VENTANA DRIVE 1405 VENTANA DRIVE
RUSKIN, FL 33573 US 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: DARA M. ALEXANDER 02/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MORONEY, JIM
 Name:
 MORONEY, JIM

 Address:
 100 N. TAMPA ST. #3000
 Address:
 100 N. TAMPA ST. #3000

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33602

Title: DP () Delete Title: () Change () Addition

 Name:
 ALEXANDER, DARA
 Name:

 Address:
 1405 VENTANA DR.
 Address:

 City-St-Zip:
 RUSKIN, FL 33573
 City-St-Zip:

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

 Name:
 MURPHY, JAMES B JR.
 Name:

 Address:
 100 N. TAMPA STREET, SUITE 2900
 Address:

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:

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

 Name:
 BRAY, TALMADGE
 Name:
 BRAY, TALMADGE

 Address:
 4016 HENDERSON BLVD.., STE. I
 Address:
 1014 CORAL STREET

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 33602

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

Name: Name: NELSON, WARREN

Address: Address: 16313 N. DALE MABRY HWY., SUITE 100

City-St-Zip: City-St-Zip: TAMPA, FL 33618

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 PRES 02/26/2007