2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26363

FILED Jul 12, 2004 Secretary of State

Entity Name: MARY OBOLENSKY UNDERWOOD LEUKAEMIA FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
214 BRAZ #230	ILIAN AV.			
	ACH, FL 33480	US		
Surrent M	lailing Address	s:	New Mailing Address	s:
	ILIAN AV.			
#230 PALM BE#	ACH, FL 33480	US		
El Number	: 65-0165054	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
	'OOD, ANTHON ILIAN AV. #230	IY		
PALM BEA	ACH, FL 33480 named entity s	US ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
PALM BEATHER The above n the State	ACH, FL 33480 named entity s e of Florida.		ourpose of changing its registered	d office or registered agent, or both,
PALM BEATHE Above In the State	ACH, FL 33480 named entity se of Florida. RE:	ubmits this statement for the p		
PALM BEA The above In the State	ACH, FL 33480 named entity sele of Florida. RE: Electroni	ubmits this statement for the p	ent	Date
PALM BEA The above n the State SIGNATUI	ACH, FL 33480 named entity se of Florida. RE:	ubmits this statement for the p	ent	
PALM BEA The above n the State SIGNATUI	e named entity see of Florida. RE: Electroni S AND DIRECT	ubmits this statement for the particle of Registered Agricons: Delete ANTHONY S, .	ent	Date
PALM BEATHER ADDRESS THE STATE OF THE STATE	ACH, FL 33480 e named entity se of Florida. RE: Electroni S AND DIRECT PTD () UNDERWOOD, 257 FAIRVIEW FPALM BEACH, F	ubmits this statement for the particle of Registered Agricons: Delete ANTHONY S, . RD L Delete NNE, E	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTONY UNDERWOOD PTD 07/12/2004