

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42172

FILED
Jan 15, 2007
Secretary of State

Entity Name: ALS RECOVERY FUND, INC.

Current Principal Place of Business:

2811 COCONUT AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

10900 S.W. 93RD AVENUE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0265802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PACKMAN, KEVIN
2811 COCONUT AVENUE
COCONUT GROVE, FL 33133 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: EV () Delete
Name: SINGER, DONNA
Address: ONE GROVE ISLE UNIT 1602
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: PACKMAN, SCOTT
Address: 1647 VETERAN AVENUE, PENTHOUSE A
City-St-Zip: LOS ANGELES, CA 90024

Title: DV () Delete
Name: PACKMAN, CILA
Address: 10900 SW 93RD AVE.
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: PACKMAN, KEVIN ERIC
Address: 2811 COCONUT AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: ROSENTHAL, KENNETH
Address: 6521 S.W. 100TH STREET
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: PEREZ, ALBERTO
Address: 323 MALAGA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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

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: KEVIN PACKMAN

PD

01/15/2007

Electronic Signature of Signing Officer or Director

_____ Date