

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2005
Secretary of State**

DOCUMENT# N50496

Entity Name: THE SONYA TRALINS MEMORIAL CANCER/LEUKEMIA FOUNDATION, INC.

Current Principal Place of Business:

8787 BRYAN DAIRY RD
SUITE 120
LARGO, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

8787 BRYAN DAIRY RD
SUITE 120
LARGO, FL 33777 US

New Mailing Address:

FEI Number: 65-0373596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRALINS AND ASSOCIATES, P.A.
ONE BISCAYNE TOWER SUITE 3310
2 S BISCAYNE BLVD
MIAMI, FL 33131 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: PD () Delete
Name: TRALINS, ALAN H,
Address: 8787 BRYAN DAIRY RD, STE 120
City-St-Zip: LARGO, FL 33777

Title: VD () Delete
Name: TRALINS, MYLES J,
Address: 2 S BISCAYNE BLVD #3310
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: GEISLER, ROBERT,
Address: 132 HARBORAGE CT
City-St-Zip: CLEARWATER, FL

Title: TD () Delete
Name: SCHWEITZER, MARTIN
Address: 1206 COURT ST.
City-St-Zip: CLEARWATER, FL

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:

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 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: ALAN H TRALINS

MD

03/24/2005

Electronic Signature of Signing Officer or Director

_____ Date