2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N94000004895

FILED Mar 18, 2005 8:00 am Secretary of State 03-18-2005 90071 018 ****70.00

Zip Country	1. Entity Nam	e CANCER FOUNDATION,	, INC.					
Suite, Apt. #, etc. Clity & State City & State Country Zip	2803 FRUIT\	fille RD	2803 FRUITVILLE RD	US			50	027684
Suite, Apt. #, etc. Clity & State City & State Country Zip	2. Principal P	lace of Business	3. Mailing Address					
City & State Country Country S. Certificate of Status Dosired S. Name and Address of Current Registered Agent Name FALTENBACH, DONALD F Screet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Fiorica. Interpolation of registered agent, or both, in the State of Fiorica. I am familiar with, and acceptable of Fiorica Department of State of Fiorica Departm						, 1841 E184 EE14 EE14 GE	111. EEU1 284H E1221 JEH2	iëtat Bilitiët at faat
Country Zip Country Escaptional Section Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01062005	Chg-NP	CR2E037 (10	/03)
S. De country S. De country S. Certificate of Status Desired S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Norme Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is	City & Stat	9	City & State					Applied For Not Applicable
6. Name and Address of Current Registered Agent KALTENBACH, DONALD F 2803 FRUITVILLE RD SARASOTA, FL. 34237 City FL. Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acche obligations of registered agent, or both, in the State of Florida. I am familiar with, and acche obligations of registered agent, or both, in the State of Florida. I am familiar with, and acche obligations of registered agent, or both, in the State of Florida. I am familiar with, and acche obligations of registered agent, or both, in the State of Florida. I am familiar with, and acche obligations of registered agent, or both, in the State of Florida. I am familiar with, and acche obligations of registered agent, or both, in the State of Florida. I am familiar with, and acche obligations of registered agent. SIGNATURE FILITY PO	Zip	Country	Zip	Country	5. Certificate	of Status Desired		5 Additional
STORMATURE Signalus types or private rame of registered agent. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS Trust Fund Contribution. OFFICERS AND DIRECTORS Title PD TITLE WARE STREET ADDRESS CITY-ST-2P TITLE DATTOLL, MICHAEL STREET ADDRESS STREET ADDRE	6. Name and Address of Current Registered Agent			<u>'</u>	7. Name and	Address of New I		
8. 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. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and stall if expeciable. (NOTE: Registered Agent algoritation) DATE	2803 FRU	TVILLE RD			dress (P.O. Box Numb	er is Not Acceptabl	le)	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed a printed rame of implaced agent and title if expeciable. (NOTE: Registered Agent supmative regulated when naintating) DATE				City		·	FJ Zij	p Code
TITLE MAME STREET ADDRESS CITY-ST-ZIP Change Delete STREET ADDRESS CITY-ST-ZIP DELETE	SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent sign	e required when reinstating)		DATE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE VTD DATTOLI, MICHAEL STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE SD NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE SD NAME STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34242 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change AD Ch		•			\$5.00 May E Added to Fees	Flo	rida Department	of State
TITLE VTD DATTOLI, MICHAEL STREET ADDRESS 520 BLUE HERON DR CITY-ST-ZIP ANNA MARIA ISLAND, FL 34216 TITLE SD Delete TITLE SD Delete TITLE SD DELET TITLE SORACE, RICHARD S STREET ADDRESS CITY-ST-ZIP TITLE D DELET TITLE NAME SITRET ADDRESS CITY-ST-ZIP TITLE D DELET TITLE NAME SITRET ADDRESS CITY-ST-ZIP Change Cha	10.	OFFICERS AND I	Trust Fund (Contribution.	\$5.00 May E Added to Fees	Flo	erida Department	of State
NAME STREET ADDRESS CITY-ST-ZIP- NOKOMIS, FL 34242 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D PD KALTENBACH, DONALD F 3134 CHARLES MACDONALD	Trust Fund of DIRECTORS	11. TITLE NAME STREET ADDRESS	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OFFICE	ERS AND DIRECTO	of State
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD KALTENBACH, DONALD F 3134 CHARLES MACDONALD SARASOTA, FL 34240, VTD DATTOLI, MICHAEL 520 BLUE HERON DR	DIRECTORS Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OFFICE	ERS AND DIRECTO A DR 2 4-0	OF SIN 10 DRS IN 10 hange ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DESCRIPTION OF STANDARD OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	Trust Fund of DiRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OFFICE	Prida Department ERS AND DIRECTO CO A D & 2 4-9	of State DRS IN 10 hange
NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP- TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	Trust Fund of Directors Delete Delete Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CH	ANGES TO OFFICE KWI/SO FL 34	Prida Department ERS AND DIRECTO A D R 2 44-0	of State DRS IN 10 hange
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP- TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	Trust Fund of Directors Delete Delete Delete Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CH	ANGES TO OFFICE KWI/SO FL 34	Prida Department ERS AND DIRECTO A DR 2 400 CO DR 29	of State DRS IN 10 hange

I mere by certify that the information supplied with this titing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under order; that I am an officer or director of the corporation or fifth require or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DO NALD F. KALTEN BACH SIGNATURE AND TIMED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-955-8088