2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 8:00 am Secretary of State

DOCUMENT # N9700000085 1. Entity Name FLORIDA BREAST CANCER RESOURCE NETWORK CORPORATION								006 90194	034 ****6	1.25	
2235 SPRIN SUITE "L"	e of Business G HARBOR DRIVE ICH, FL 33445	Mailing Address 2235 SPRING HARBOR SUITE "L" DELRAY BEACH, FL. 33			4 V	IMMIKI Vozyv					
2. Principal P	Place of Business	3. Mailing Address							111 (111: 111) B		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01072006	Chg-NP	CR2E0	37 (11/05)		
City & State		City & State				4. FEI Numb 65-072	er 5153		 	oplied For ot Applicable	
Zip	Country Zip C		Cou	ntry		5. Certificate	of Status Desir	ed []	\$8.75 Add Fee Require		
-	6. Name and Address of Current	Registered Agent				7. Name and	Address of N	ew Registered	Agent		
DI ANIK CANDDA				Name	-						
BLANK, SANDRA 2235L SPRING HARBOR DRIVE DELRAY BEACH, FL 33445				Street Address (P.O. Box Number is Not Acceptable)							
				City					l Zin Cod		
			ı	City	FL Zip Code						
	named entity submits this statement for tions of registered agent.	ir the purpose of changing its	s registere	ed office o	r registere	d agent, or bo	th, in the State	of Florida. I am	i familiar with,	and accept	
X.	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·			ture required w	when reinstating)		DATE			
	Signature, typed or printed name of registered spent Filling Fee is \$61.25 Due by May 1, 2006	and title if applicable. (NOT 9. Election Ca: Trust Fund	mpaign Fi	inancing		\$5.00 May E Added to Fees	3e		k payable to		
X.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	9. Election Ca Trust Fund	mpaign Fi	inancing	o ;	\$5.00 May E Added to Fees		Make chec	rtment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 receive the supplemental 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: SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 1200 (56) 330-7109

DESCRIPTION OF DESCRIPTION OF DIRECTOR DIRECTOR DESCRIPTION OF DIRECTOR DESC