2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N97000006179

Entity Name: PARATUBERCULOSIS AWARENESS & RESEARCH ASSOCIATION, INC.

Current Principal Place of Business:

11724 PRIMROSE LANE
TEMPLE TERRACE, FL 33637

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16219
TEMPLE TERRACE, FL 336876219

New Mailing Address:

FEI Number: 59-3479344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEYER, KAREN
11724 PRIMROSE LANE
TEMPLE TERRACE, FL 33637 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: PTD ( ) Delete
Name: MEYER, KAREN E
Address: 11724 PRIMROSE LANE
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: D ( ) Delete
Name: MILLER, CHERYL A.
Address: 800 COUNTRY CREEK DR
City-St-Zip: FINDLAY, OH 45840

Title: D ( ) Delete
Name: MERKEL, STEPHEN
Address: 380 OAKMOOR
City-St-Zip: BAY VILLAGE, OH 44140

Title: D ( ) Delete
Name: KENNEDY, ALAN
Address: 55 GROVE PARK DR
City-St-Zip: GLASNEVIN, DU

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 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: KAREN MEYER P 04/25/2006

Electronic Signature of Signing Officer or Director — Date