2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N98000003561

Entity Name: THE PULMONARY HYPERTENSION ASSOCIATION, INC.

Current Principal Place of Business:

850 SLIGO AVE.
SUITE 800
SILVER SPRING, MD 209104683 US

New Principal Place of Business:

801 ROEDER ROAD
SUITE 400
SILVER SPRING, MD 209104496 US

Current Mailing Address:

850 SLIGO AVE.
SUITE 800
SILVER SPRING, MD 209104683 US

New Mailing Address:

801 ROEDER ROAD
SUITE 400
SILVER SPRING, MD 209104496 US

FEI Number: 65-0880021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORGAN, CHARLES O JR.
1300 NORTHWEST 167TH STREET
MIAMI, FL 33169 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:	DS	( ) Delete
Name:	CARR, LINDA M	
Address:	1048 IBIS AVENUE	
City-St-Zip:	MIAMI SPRINGS, FL 33166	
Title:	DVC	( ) Delete
Name:	BLEIFER, CANDI	
Address:	4381 LEMP AVE	
City-St-Zip:	STUDIO CITY, CA 91604	
Title:	D	( ) Delete
Name:	WOJCIECHOWSKI, BETTY L	
Address:	24232 CHRISANTA DR	
City-St-Zip:	MISSION VIEJO, CA 92691	
Title:	DC	( ) Delete
Name:	STIBBS, JACK	
Address:	11079 SO. HIDDEN OAKS	
City-St-Zip:	CONROE, TX 77384	
Title:	DAST	( ) Delete
Name:	PATON, GERALD	
Address:	14459 SANDWEDGE DRIVE	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	DT	( ) Delete
Name:	TOWLE, ROGER K	
Address:	20 WILLOW LN	
City-St-Zip:	GROVE CITY, PA 16127	

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:	
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: RINO ALDRIGHETTI PRES 04/28/2006

Electronic Signature of Signing Officer or Director — Date