

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003893

FILED
Mar 28, 2007
Secretary of State

Entity Name: PEDIATRIC SUNSHINE ACADEMICS, INC.

Current Principal Place of Business:

525 N. CALHOUN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

3976 GROVE PARK DRIVE
TALLAHASSEE, FL 32311

Current Mailing Address:

PO BOX 3208
TALLAHASSEE, FL 323153208

New Mailing Address:

FEI Number: 65-0854095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZIFFER, GIL
525 N. CALHOUN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ZIFFER, GIL
3976 GROVE PARK DRIVE
TALLAHASSEE, FL 32311 US

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: GIL ZIFFER

03/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIFSHITZ, FIMA
Address: 1040 ALSTON RD
City-St-Zip: SANTA BARBARA, CA 93108

Title: ST () Delete
Name: LIFSHITZ, JERE
Address: 1040 ALSTON RD
City-St-Zip: SANTA BARBARA, CA 93108

Title: D () Delete
Name: TOBIAS, NOBIGROT
Address: 2451 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: GARFIELD, MARTIN
Address: 11 PARK PLACE STE. 814
City-St-Zip: NEW YORK, NY

Title: D () Delete
Name: LIFCHITZ, MAX
Address: 3 PAUL HOLLY DRIVE
City-St-Zip: LOUDONVILLE, NY 12211

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:

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: FIMA LIFSHITZ

P

03/28/2007

Electronic Signature of Signing Officer or Director

Date