

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002331

FILED
Mar 30, 2008
Secretary of State

Entity Name: CONQUER FRAGILE X FOUNDATION, INC.

Current Principal Place of Business:

2500 SOUTH OCEAN BLVD.
1-B-1
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

PO BOX 128
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0910605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAY, KAREN M
2500 SOUTH OCEAN BLVD.
1-B-1
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

HOLLIN, HARRIS N
2500 SOUTH OCEAN BLVD.
1-B-1
PALM BEACH, FL 33480 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: HARRIS N. HOLLIN

03/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHM () Delete
Name: HARRIS, HOLLIN HON.
Address: 2500 SOUTH OCEAN BLVD, STE. 1-B-1
City-St-Zip: PALM BEACH, FL 33480

Title: PD () Delete
Name: FAY, KAREN
Address: 712 FLAMINGO DR.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: HOLLIN, LARRY
Address: 1211 GAINSBORO RD.
City-St-Zip: BALA CYNWYD, PA 19004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MILLER, ROBERT
Address: 2500 SOUTH OCEAN BLVD., STE 1-B-1
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HARRIS N. HOLLIN

CHM

03/30/2008

Electronic Signature of Signing Officer or Director

Date