## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007083

FILED Mar 09, 2007 Secretary of State

Entity Name: INTERNATIONAL INSTITUTE FOR INTEGRATIVE CANCER RESEARCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2223 SARNO RD. MELBOURNE, FL 329353003 **Current Mailing Address: New Mailing Address:** 2223 SARNO RD MELBOURNE, FL 329353003 FEI Number: 59-3625143 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAHN, MICHAEL ESQ 428 N. HARBOR CITY BLVD MELBOURNE, FL 32935 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition FARLEY, MICHAEL FARLEY, MICHAEL Name: Name: 520 DOG WOOD DR Address: 18140 HANCOCK BLUFF ROAD Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: DADE CITY, FL 33523 Title: () Delete Title: () Change () Addition MARTINGANO, SALVATORE Name: Name: Address: 2392 N. RIVERSIDE DR. Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SHELDON, LEE N SHELDON, LEE N Name: Name: Address: 610 LOGGERHEAD ISLAND DR. Address: 3174 VILLA ESPANA TRAIL City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: MELBOURNE, FL 32935 Title: ( ) Delete Title: D (X) Change ( ) Addition Name: SHELDON, ELEANOR Name: SHELDON, ELEANOR 610 LOGGERHEAD ISLAND DR. Address: Address: 3174 VILLA ESPANA TRAIL City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: MELBOURNE, FL 32935 Title: () Delete Title: (X) Change ( ) Addition FARLEY, DIANE FARLEY, DIANE Name: Name: 520 DOGWOOD DR 18140 HANCOCK BLUFF ROAD Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: DADE CITY, FL 33523 Title: () Delete Title: () Change () Addition MARTINGANO, COOKIE Name: Name: Address: 2392 N. RIVERSIDE DR. Address: INDIALANTIC, FL 32903 City-St-Zip: 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: LEE N. SHELDON D 03/09/2007