FILED
Feb 18, 2005 8:00 am
Secretary of State
01-21-2005 90083 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000119232

1. Entity Name
DENISE HARRIS FOUNDATION FOR PARALYSIS, INC.

Principal Place of Business	Mailing Address
C/O BERGMAN, SPIEWAK, GOTTESMAN & CO., PA 8211 WEST BROWARD BLVD., SUITE #440 PLANTATION, FL 33324	C/O BERGMAN, SPIEWAK, GOTTESMAN & CO., PA 8211 WEST BROWARD BLVD., SUITE #440 PLANTATION, FL 33324

66002243

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01172005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1476318 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, KEVIN 4630 SW 134TH AVENUE SUNSHINE RANCHES, FL 33330	Name: Marc Spiewak Street Address (P.O. Box Number Is Not Acceptable): 8211 W Broward Blvd #440 City: Plantation FL Zip Code: 33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 1/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HARRIS, KEVIN		NAME	
STREET ADDRESS	4630 SW 134TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	SUNSHINE RANCHES, FL 33330		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPIEWAK, MARC		NAME	
STREET ADDRESS	8211 W BROWARD BLVD #440		STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Marc Spiewak — 1/18/05 — 954-321-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #