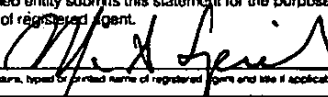
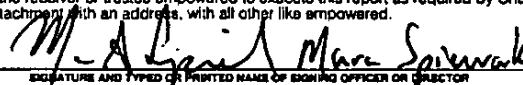


FILED
Feb 18, 2005 8:00 am
Secretary of State

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 C/O BERGMAN, SPIEWAK, GOTTESMAN & CO., PA 8211 WEST BROWARD BLVD., SUITE #440 PLANTATION, FL 33324		Mailing Address C/O BERGMAN, SPIEWAK, GOTTESMAN & CO., PA 8211 WEST BROWARD BLVD., SUITE #440 PLANTATION, FL 33324	
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 HARRIS, KEVIN 4630 SW 134TH AVENUE SUNSHINE RANCHES, FL 33330		7. Name and Address of New Registered Agent Name Marc Spiewak Street Address (P.O. Box Number Is Not Acceptable) 8211 W Broward Blvd # 440 City Plantation FL 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  DATE 1/18/05 Signature, typed or printed name of registered agent and fee 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 NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, KEVIN ☒ Delete 4630 SW 134TH AVENUE SUNSHINE RANCHES, FL 33330	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPIEWAK, MARC ☐ Delete 8211 W BROWARD BLVD #440 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  DATE 1/18/05 954-321-9991 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			