2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P35173

Entity Name: MULTIPLE SCLEROSIS ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

706 HADDONFIELD ROAD
CHERRY HILL, NJ 08002 US

New Principal Place of Business:

Current Mailing Address:

706 HADDONFIELD ROAD
CHERRY HILL, NJ 08002 US

New Mailing Address:

FEI Number: 22-1912812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS RD., #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Title: S ( ) Delete
Name: MACLEAN, I. ROSS
Address: 3464 KELSO CRES.
City-St-Zip: MISSISSAUGA, ON L5L 4R3

Title: T ( ) Delete
Name: RAMIREZ, FRANCISCO
Address: 6486 SUMMER CLOUD WAY
City-St-Zip: COLUMBIA, MD 21045

Title: C ( ) Delete
Name: KING, JOSEPH
Address: 2301 IRA E WOODS
City-St-Zip: GRAPEVINE, TX 76051

Title: D ( ) Delete
Name: STINE, MARK L
Address: 6021 LOYNES AVE
City-St-Zip: LONG BEACH, CA 90803

Title: TD ( ) Delete
Name: RAMIERZ, FRANCISCO
Address: 6486 SUMMER CLOUD WAY
City-St-Zip: COLUMBIA, MD 21045

Title: CD ( ) Delete
Name: KING, JOSEPH R
Address: 2301 IRA E WOODS
City-St-Zip: GRAPEVINE, TX 76051

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:

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: GARY WALLACE VP 01/04/2007

Electronic Signature of Signing Officer or Director — Date