

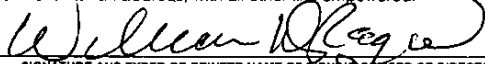


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P39000 1. Entity Name CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.						FILED 06 JUN -1 AM 11:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 585 STEWART AVE. GARDEN CITY, NY 11530 US				Mailing Address 585 STEWART AVE. GARDEN CITY, NY 11530 US			
2. Principal Place of Business		3. Mailing Address		 03032006 Chg-NP CR2E037 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 11-2106778				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEREZ, RAYMOND V 180 N.E. 128 TERRACE MIAMI, FL 33161				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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				300076157573 06/13/06--01045--008 **61.25			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP T	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHWAB, GILBERT		NAME	William Regina			
STREET ADDRESS	31 STAUBER DRIVE		STREET ADDRESS	994 Marcel Road			
CITY-ST-ZIP	PLAINVIEW, NY		CITY-ST-ZIP	Baldwin NY 11540			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREEN, HENRY		NAME				
STREET ADDRESS	1010 WOODOAK DR.		STREET ADDRESS				
CITY-ST-ZIP	BALDWIN HARBOR, NY 11510		CITY-ST-ZIP				
TITLE	VP Pres	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASQUA, ANTHONY		NAME				
STREET ADDRESS	37 BUTLER HILL RD		STREET ADDRESS				
CITY-ST-ZIP	SOMERS, NY 10589		CITY-ST-ZIP				
TITLE	ED	<input type="checkbox"/> Delete	TITLE	\$26/8	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEINBERG, ALLAN D		NAME				
STREET ADDRESS	108 LAKE SHORE DRIVE MARINA TOWERS #440		STREET ADDRESS				
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOBICK, STUART		NAME				
STREET ADDRESS	350 FIFTH AVENUE, STE 4309		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10118		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				5/1/06		516-222-1944	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	