2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007118

FILED Jan 13, 2007 Secretary of State

Entity Name: THE CHILDHOOD BRAIN TUMOR FOUNDATION, INC.

	rincipal Place of Business:	New Principal Place o	i Dusiliess.
	TKINS MEADOW DRIVE TOWN, MD 20876		
Current N	lailing Address:	New Mailing Address:	
	ATKINS MEADOW DRIVE TOWN, MD 20876		
FEI Number	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of	New Registered Agent:
	LYDIA 26TH STREET USE POINT, FL 33364 US		
	e named entity submits this statement for the of Florida.	e purpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered	Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete YOUNG, JEANNE 20312 WATKINS MEADOW DRIVE GERMANTOWN, MD 20876	Title: (Name: Address: City-St-Zip:) Change () Addition
Title:	D () Delete	Title: () Change () Addition
Name: Address: City-St-Zip:	SMITH, GILBERT ESQ 40970 TAYLORSTOWN MEADOW PLACE LOVETTSVILLE, VA 20180	Name: Address: City-St-Zip:	
Name: Address: City-St-Zip: Title: Name: Address:	SMITH, GILBERT ESQ 40970 TAYLORSTOWN MEADOW PLACE	Name: Address: City-St-Zip:) Change ()Addition
Name: Address:	SMITH, GILBERT ESQ 40970 TAYLORSTOWN MEADOW PLACE LOVETTSVILLE, VA 20180 S () Delete O'BRIEN, MICHELLE 2810 SPARTAN ROAD	Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip:) Change () Addition) Change () Addition
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	SMITH, GILBERT ESQ 40970 TAYLORSTOWN MEADOW PLACE LOVETTSVILLE, VA 20180 S () Delete O'BRIEN, MICHELLE 2810 SPARTAN ROAD OLNEY, MD 20832 T () Delete YOUNG, JAMES 20312 WATKINS MEADOW DRIVE	Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip: Title: (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: JEANNE P. YOUNG PRES 01/13/2007