

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001804

FILED
Jul 05, 2006
Secretary of State

Entity Name: MACULAR DEGENERATION FOUNDATION, INC.

Current Principal Place of Business:

1630 BOX STEP DRIVE
HENDERSON, NV 89014 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531313
HENDERSON, NV 89053 US

New Mailing Address:

FEI Number: 65-0403437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BANKS, CHARLES
2811 HAWTHORNE RD.
TAMPA, FL 33611 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: DCF () Delete
Name: ALEKS, EDMUND
Address: 1630 BOX STEP DR
City-St-Zip: HENDERSON, NV 89014 US

Title: DVP () Delete
Name: KEITH, COLGAN
Address: 1630 BOX STEP DR
City-St-Zip: HENDERSON, NV 89014 US

Title: DPS () Delete
Name: TRAUERNICHT, BETTY J
Address: 1630 BOX STEP DR
City-St-Zip: HENDERSON, NV 89014 US

Title: DVPT () Delete
Name: HARRIS, WILLARD
Address: 1630 BOX STEP DR
City-St-Zip: HENDERSON, NV 89014 US

Title: D () Delete
Name: FILMER, PHILIP
Address: 1630 BOX STEP DR
City-St-Zip: HENDERSON, NV 89014 US

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:

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: EDMUND J. ALEKS

Electronic Signature of Signing Officer or Director

DCF

07/05/2006

Date