2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746729

Jul 29, 2009 Secretary of State

Entity Name: THE CHILDREN'S MUSEUM, INC.

Current Principal Place of Business: New Principal Place of Business:

498 CRAWFORD BLVD. BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

498 CRAWFORD BLVD BOCA RATON, FL 33432

FEI Number: 59-6652019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

OSBORNE, R. BRADY, JR. THE CARMAN LAW GROUP % OSBORNE, HANKINS, MACLAREN & REDGRAVE 165 EAST PALMETTO PARK ROAD 998 S. FEDERAL HIGHWAY BOCA RATON, FL 33432 BOCA RATON, FL 33432 US

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: DEBORAH CARMAN, ESQ 07/29/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition MOREY, PENNY Name: Name:

6418 LAS FLORES DR. Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip:

Title: SD Title: () Delete (X) Change () Addition Name: MORRISON, JAYNE Name: RUBIN, NOAH Address: 480 NW 20TH Address: 1424 W WICKHAM CIRCLE UNIT C

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: DELRAY BEACH, FL 33445 TD

Title: () Delete Title: 2NTD (X) Change () Addition LILLY, EMILY LILLY, EMILY Name: Name: Address: 800 S OCEAN DR Address: 800 S OCEAN DR

City-St-Zip: DEERFIELD BCH. FL 33441 City-St-Zip: DEERFIELD BCH, FL 33441

Title: FD () Delete Title: FD (X) Change () Addition Name: Name:

MERCIER, POPPI MERCIER, POPPI Address: 30 SW 5TH AVENUE Address: 30 SW 5TH AVENUE City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify 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: POPPI MERCIER ED 07/29/2009