

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 13, 2005
Secretary of State**

DOCUMENT# N01000008124

Entity Name: ADOPTION PROFESSIONALS, INC.

Current Principal Place of Business:

3661 BOUGAINVILLEA ROAD
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3661 BOUGAINVILLEA ROAD
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 30-0079576 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:

NICHOLS, SUZANNE B
3661 BOUGAINVILLEA ROAD
COCONUT GROVE, FL 33133 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: PD () Delete
Name: NICHOLS, SUZANNE B
Address: 3661 BOUGAINVILLEA RD.
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: CROMER, MARILYN
Address: 3661 BOUGAINVILLEA ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: NICHOLS, ANDREW T
Address: 3661 BOUGAINVILLEA RD.
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: FARBER, SONDRRA
Address: 423 POINCIANA ISLAND DR.
City-St-Zip: MIAMI, FL 33160

Title: D () Delete
Name: FARBER, BERNARD
Address: 60 PARK DR.
City-St-Zip: BAL HARBOUR, FL 33154

Title: D () Delete
Name: KUNZ, MARGARET
Address: 3661 BOUGAINVILLEA RD.
City-St-Zip: COCONUT GROVE, FL 33133

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 Section 119.07(3)(i), 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: SUZANNE B. NICHOLS

PD

05/13/2005

Electronic Signature of Signing Officer or Director

_____ Date