


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04000003184			
1. Entity Name CHILDREN OF MARY MOTHER OF THE DIVINE MERCY, INC.			
Principal Place of Business 14540 SW 38 ST MIRAMAR FL 33027		Mailing Address 14540 SW 38 ST MIRAMAR FL 33027	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 61-1469481		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAZELAIS, ALBERTE S 14540 SW 38 ST MIRAMAR FL 33027		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAZELAIS, ALBERTE S			NAME			
STREET ADDRESS	14540 SW 38 ST			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33027			CITY-ST-ZIP	05/23/07-80092-014 61.25		
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LATURE DUMAS, MARIE-NOELLE			NAME			
STREET ADDRESS	4895 SW 63 RD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33193			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EUGENE, GINA			NAME			
STREET ADDRESS	7825 VENETIAN ST			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33023			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMINIQUE, MARGARETTE			NAME			
STREET ADDRESS	1 RUE RIGAUD			STREET ADDRESS			
CITY-ST-ZIP	PETION-VILLE, HAITI			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESNOYERS, VIVIANNE			NAME			
STREET ADDRESS	ROUTE DES FRERES			STREET ADDRESS			
CITY-ST-ZIP	VIVY MITCHELL #3, P.V. HAITI			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOVAR, MARCIA			NAME			
STREET ADDRESS	2091 CORSICA WAY			STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA 30008			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 