

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000994

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: LET'S TALK ABOUT CHILDREN FOUNDATION CORP.

**Current Principal Place of Business:**

6580 BRIARCLIFF ROAD  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

6580 BRIARCLIFF ROAD  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 20-2893124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREIRA, JULIANA  
6580 BRIARCLIFF ROAD  
FORT MYERS, FL 33912 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: DPS ( ) Delete  
Name: PEREIRA, JULIANA  
Address: 6580 BRIARCLIFF ROAD  
City-St-Zip: FORT MYERS, FL 33912 US

Title: DVPT ( ) Delete  
Name: PIMPIGNANO, ADEL  
Address: 8720 BELLE MEADE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: D ( ) Delete  
Name: POND, STANLEY E  
Address: 509 LAGOON DRIVE  
City-St-Zip: SANIBEL, FL 33957 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:

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: ADEL PIMPIGNANO

P

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date