2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34749

FILED Jan 10, 2007 Secretary of State

Entity Name: CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

| Current Principal Place of Business: | | | | New Princ | New Principal Place of Business: | | |
|--|--|-------------|-------------------------|---|--|---|--|
| 1720 E TIF | FANY DR | | | | | | |
| STE 101 WEST PAL | M BEACH, F | L 33407 | US | | | | |
| Current Mailing Address: | | | | New Maili | New Mailing Address: | | |
| 1720 E TIF | FANY DR | | | | | | |
| STE 101 | _M BEACH, F | L 33407 | US | | | | |
| FEI Number: | 65-0166352 | FEI Num | nber Applied For () | FEI Number Not Appl | licable () | Certificate of Status Desired () | |
| Name and | Address of | Current R | egistered Agent: | Name and | Address | s of New Registered Agent: | |
| SWINDLEF 1720 E TIF STE. 101 WEST PAL | | L 33407 I | us | | | | |
| | named entity of Florida. | submits th | nis statement for the p | ourpose of changing i | ts registe | red office or registered agent, or both, | |
| SIGNATUR | RE: | | | | | | |
| | Electro | nic Signati | ure of Registered Age | ent | | Date | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P (GOLDSTEIN, 336 PENNING ROYAL PALM | TON COURT | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MD (BELL, BETTY 467 CAPISTR PALM BEACH | | FL 33410 | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (HAGENBUCH, 450 S. AUSTR WEST PALM | ALIAN AVE. | 33401 | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD (SPRINGER, J. 1555 PALM B WEST PALM | EACH LAKES | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD (FLEMING, SA 2000 PGA BL' N. PALM BEA | /D., SUITE# | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MD (MALONE, JUA 2524 STONEO WELLINGTON | SATE DR. | | Title: Name: Address: City-St-Zip: | | (X) Change () Addition MINNICK TH COUNTY ROAD ACH, FL 33480 | |

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: HARRIET GOLDSTEIN P 01/10/2007