


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001177</b>				
1. Entity Name <b>SUPPORT, AID &amp; FUNDAMENTAL ESSENTIALS FOR CHILDREN, INC.</b>				
Principal Place of Business <b>11927 MAIDSTONE DRIVE WEST PALM BEACH FL 33414 US</b>		Mailing Address <b>11927 MAIDSTONE DRIVE WEST PALM BEACH FL 33414 US</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent <b>ABOUZEID, DIANA 11927 MAIDSTONE DR WEST PALM BEACH FL 33414</b>				7. Name and Address of New Registered Agent
Name				Name
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)
City				City
				<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reestablishing)</small>				



1st MOORE CR2E037 (10/05)  
 4. FEI Number **65-0678586** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>ABOUZEID, DIANA</b>	NAME	
STREET ADDRESS	<b>11927 MAIDSTONE DR</b>	STREET ADDRESS	<b>1100000455050</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33414</b>	CITY-ST-ZIP	<b>03/15/06-80040-016 61.25</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>ABOUZEID, GEORGE</b>	NAME	
STREET ADDRESS	<b>11927 MAIDSTONE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33414</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>CHASE-PASKIN, NINA W ESQ.</b>	NAME	
STREET ADDRESS	<b>2579 WINDSOR WAY COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33414</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **DIANA ABOUZEID**