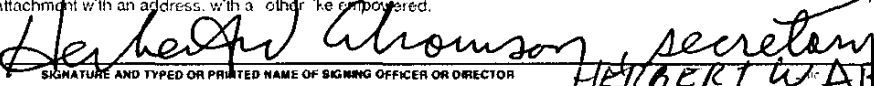


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90034 003 ****70.00

DOCUMENT # N99000004848			
1. Entity Name NATIONAL MISSING KIDS ALERT, INC.			
Principal Place of Business 28300 SW 147TH AVE #F-1 HOMESTEAD, FL 33033		Mailing Address PO BOX 700673 MIAMI, FL 33170-0673	
2. Principal Place of Business 26229 SW 141 PL		3. Mailing Address PO BOX 700673	
City & State NARANJA, FL 33032		City & State MIAMI, FL	
Zip 33032		Country USA	
4. FEI Number 65-0941636		App'd For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YOUNGKIN, ANITA 27146 S. DIXIE HWY HOMESTEAD, FL 33032		7. Name and Address of New Registered Agent HERBERT W ABRAMSON 310 POINCIANA ISLAND SUNNY ISLES BEACH, FL 33160	
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: 			
Filing Fee is \$61.25 Due by September 7, 2005		9. Section Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD YOUNGKIN, ANITA 2830 SW 147TH AVE, #F-1 HOMESTEAD, FL 33033 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT ANITA YOUNGKIN 26229 SW 141 PLACE NARANJA, FL 33032 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V HURTADO, OMAR 2830 SW 147TH AVE, #F-1 HOMESTEAD, FL 33033 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VICE PRESIDENT ANASTASIOS J. JEANNIDIS 1717 N BAYSHORE DRIVE, SUITE 1655 MIAMI, FL 33132 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S EHARDT, CAROLYN 2830 SW 147TH AVE, #F-1 HOMESTEAD, FL 33033 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY HERBERT W ABRAMSON 310 POINCIANA SUNNY ISLES BEACH, FL 33160 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD ZIENCE, DAVID 2830 SW 147TH AVE, #F-1 HOMESTEAD, FL 33033 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR JIMMIE ELIAS 2830 SW 147 AVE #F-1 HOMESTEAD, FL 33033 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D PERLA, CLAUDIA 2830 SW 147TH AVE, #F-1 HOMESTEAD, FL 33033 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR EVELYN BENSON 2830 SW 147 AVE #F-1 HOMESTEAD, FL 33033 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D HELTCHEE, LORNA 2830 SW 147TH AVE, #F-1 HOMESTEAD, FL 33033 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a "other" like empowered.			
SIGNATURE:  SECRETARY HERBERT W ABRAMSON			