2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 12, 2007 8:00 am Secretary of State

WILLIAME INEL								³ Secretary of State				
DOCUMENT # P06000071374 1. Entity Name FAMILIES IN NEED OF DIRECTION, INC.									03-23-200′	_		
Principal Place of Business Mailing Address									4			
7425 S.W. 34		7425 S.W. 34TH TERRACE										
MIAMI, FL 3		MIAMI, FL 33155				ี ธุรก	18908					
			•					_		PPM (P94)		-1981 41 1991
Z. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address						BALL ENN BEND 18AN KI			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04400007	Ch- D	. CDSE	034 (12/06)	
								01192007	Chg-P	CRZE	034 (12/06)	
City & State			City & State					4. FEI Number	11327	95		pplied For
Zip Country			Zip Coun			etne		65	11001	00		t Applicable
Zip		Country	<u>ک</u>		Coun	· · · · · ·		5. Certificate of	f Status Desired		\$8.75 Add	
	6. Namo	and Address of Current	Registered Ag	ont				7. Name and	Address of New I	Registered	Agent	
MCBRIDE, SILVIA A 7425 S.W. 34TH TERRACE						Name	-					
						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL												
INICIBIL, I E SOLOG						İ						
						City				FI	Zip Cod	 -
The above named entity submits this statement for the purpose of changing its registers.						1						
			r the purpose o	r changing its	register	ed office or I	register	ed agent, or both	i, in the State of Fr	опав. Твл	i iamiliar with,	and accept
the obligations of registered agent.												
SIGNATURE.	Signature, typed	e required	when remotating)		DATE							
								<u>_</u> _				
FILE NOWI!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
After Ma	By 1, 200	7 Fee will be \$550.	00 '"	ust Fund Cont	ribution.		Addi	ed to Fees				
10.		OFFICERS AND	DIRECTORS		11.			ADDITIONS/	HANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE	P.S		. [☐ Delete	TΠL	<u> </u>					Change	Addition
NAME	MCBRIDE	MCBRIDE, SILVIA A			NAM	ε						
STREET ADDRESS	7425 S.W	. 34TH TERRACE		s								
CITY-ST-ZIP	MIAMI, FL	MIAMI, FL 33155			CITY	-51-ZIP						
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CITY-ST-ZIP	1				CITY	- ST- 21P						k grg

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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 607, 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: SIGNATURE AND TYPED OR PRINTED ALAME OF SKOKING OFFICER OR DIRECTOR