2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011004

Address:

City-St-Zip:

Entity Name: THE CHILDREN'S HOME PROPERTIES INC.

FILED Feb 14, 2005 Secretary of State

and y runner	THE OF HEBREIT OF HOME I THOP	EKTIEG, IIVO.
Current Principal Place of Business:		New Principal Place of Business:
10909 MEMORI TAMPA, FL 336		
Current Mailin	g Address:	New Mailing Address:
10909 MEMORI TAMPA, FL 336		P O BOX 262229 TAMPA, FL 33685
FEI Number: 20-00	037992 FEI Number Applied Fo	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and Add	ress of Current Registered Ag	ent: Name and Address of New Registered Agent:
GORDON, BRU 101 E. KENNED SUITE 2800 TAMPA, FL 336	DY BOULEVARD	
The above namin the State of F		or the purpose of changing its registered office or registered agent, or both,
SIGNATURE:		
_	Electronic Signature of Registe	red Agent Date
OFFICERS AN	D DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	() Delete	Title: CHR () Change (X) Addition Name: MASTRORIO, DAVID Address: P O BOX 273811 City-St-Zip: TAMPA, FL 336883811
Title: Name: Address: City-St-Zip:	() Delete	Title: SEC () Change (X) Addition Name: MIKELL, VIRGINIA Address: 3505 N SAN MIGUEL STREET City-St-Zip: TAMPA, FL 336297005
Title: Name: Address: City-St-Zip:	() Delete	Title: TRES () Change (X) Addition Name: NORRIS, RANDY Address: 1439 KENSINGTON WOODS DRIVE City-St-Zip: LUTZ, FL 33549
Title: Name: Address: City-St-Zip:	() Delete	Title: CEO () Change (X) Addition Name: VENEMAN, GERARD Address: 9111 BRINDLEWOOD DRIVE City-St-Zip: ODESSA, FL 33556
Title: Name:	() Delete	Title: CFO () Change (X) Addition Name: BOWER, HAROLD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: HAROLD BOWER CFO 02/14/2005

3704 KINGSFORD PLACE

VALRECO, FL 33594