


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90028 022 \*\*\*\*70.00

<b>DOCUMENT # N35905</b>	
1. Entity Name <b>SAVE OUR CHILDREN, INC.</b>	

Principal Place of Business <b>1611 AVE D FT PIERCE FL 34950 US</b>	Mailing Address <b>POST OFFICE BOX 311 FT PIERCE FL 34954 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>65-0366437</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MILLS, KENNETH G REV. 1330 SW BRIARWOOD DR PORT SAINT LUCIE FL 34986</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<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 NAME STREET ADDRESS CITY-STATE-ZIP	TD MCBRIDE, PATRICIA 603 SOUTH 22ND STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Cranshaw William 4062 W. Grand Avenue Detroit, MI 48238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ESCH, GARY 3215 S 7TH ST FT. PIERCE FL 34947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Cranshaw, Elieen 4062 W, Grand Avenue Detroit, MI 48238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S MILLER, PINKIE 2109 MANTAZAS AVE/PO BOX 2721 FORT PIERCE FL 34956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LEATH, MARK 1727 OKEECHOBEE ROAD FORT PIERCE FL 34947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD BUSH, CONSTANCE 5006 MATANZAS AVE FORT PIERCE FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LECATO, ILA MAE 2104 GOLFVIEW COURT FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Rev. Kenneth G Mills* **Rev. Kenneth G Mills 4-27-07 m2-4668398**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #