2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007191

Entity Name: CHILD AND FAMILY CONNECTIONS, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4100 OKEECHOBEE RD 2ND FLOOR - FINANCE WEST PALM BEACH, FL 33409 US **New Mailing Address: Current Mailing Address:** 4100 OKEECHOBEE RD 2ND FLOOR - FINANCE WEST PALM BEACH, FL 33409 US FEI Number: 65-0978467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRINCE, ROCHELLE 4100 OKEECHOBEE RD 2ND FLOOR FINANCE WEST PALM BEACH, FL 33409 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ACKERMAN, JOE ACKERMAN, JOE Name: Name: 12 GLENGARY RD Address: 12 GLENGARY RD Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: (X) Change () Addition OLSHANSKY, HOWARD Name: GREGG, CAROL Name: Address: 1201 AUSTRALIAN AVE. Address: 3228 GUN CLUB ROAD City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: WEST PALM BEACH, FL 33406 Title: CFO () Delete Title: () Change () Addition PRINCE, ROCHELLE Name: Name: Address: 4100 OKEECHOBEE RD 2ND FLOOR FINANCE Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: ICE () Delete Title: **ICEO** (X) Change () Addition Name: ZYCHOWSKI, RON Name: ZYCHOWSKI, RON 4100 OKEECHOBEE RD 2ND FLOOR FINANCE 4100 OKEECHOBEE RD 2ND FLOOR FINANCE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: WEST PALM BEACH, FL 33409 Title: () Delete Title: () Change (X) Addition HENDERSON, PAULA Name: Name: 8657 TOURNALENE BLVD Address: Address: City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33437 Title: () Delete Title: () Change (X) Addition SCOTT-LUBIN, SHEILA Name: Name: Address: Address: 20012 BACK NINE DR BOCA RATON, FL 33498 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ROCHELLE D. PRINCE CFO 01/08/2008