## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P98000019852** 02-21-2008 90028 043 \*\*\*158.75 1. Entity Name CHILD BROTHERS, INC. Principal Place of Business Mailing Address 40022210 6372 WOODLAKE RD 6372 WOODLAKE RD JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Bysiness - No P.O. Box # 3. Mailing Address 212us 21245 Highway 01082008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For PQU 65-0824577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CHILD, MARK Street Address (P.O. Box Number is Not Acceptable) 6372 WOOD LAKE ROAD JUPITER, FL 33458 Zip Code ...FL 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. MARK CHILD (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, Addition ☐ Delete Change TITLE TITLE CHILD, MARK NAME NAME STREET ADDRESS 6372 WOOD LAKE ROAD STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME CHILD, PETER NAME 16490 130TH AVE. NO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP ☐ Addition ☐ Delete Change TOTLE . .... TITLE CHILD, ERIC G NAME NAME 33 CHESTNUT TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME -1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify 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.

FILED Feb 21, 2008 8:00 am

02/18/08 561-748-1780 Date Daytime Phone \*