2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009560

FILED Apr 17, 2008 Secretary of State

Entity Name: BROWARD CARES FOR KIDS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1400 WEST COMMERCIAL BLVD 313 NORTH STATE ROAD 7 PLANTATION, FL 33317 2ND FLOOR FORT LAUDERDALE, FL 33309 US **New Mailing Address: Current Mailing Address:** 1400 WEST COMMERCIAL BLVD 313 NORTH STATE ROAD 7 2ND FLOOR PLANTATION, FL 33317 US FORT LAUDERDALE, FL 33309 US FEI Number: 20-2273948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CHILDNET, INC CHILDNET, INC 1400 WEST COMMERCIAL BLVD 313 NORTH STATE ROAD 7 2ND FLOOR PLANTATION, FL 33317 FORT LAUDERDALE, FL 33309 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: 04/17/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BENITEZ, EMILIO BENITEZ, EMILIO Name: Name: 1400 WEST COMMERCIAL BLVD Address: 313 NORTH STATE ROAD 7 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: PLANTATION, FL 33317 US Title: () Delete Title: (X) Change () Addition BAKALAR, HOWARD Name: BAKALAR, HOWARD Name: Address: 1400 WEST COMMERCIAL BLVD Address: 313 NORTH STATE ROAD 7 City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: PLANTATION, FL 33317 US Title: () Delete Title: () Change (X) Addition EPSTEIN, JOSEPH Name: Name: 313 NORTH STATE ROAD 7 Address: Address: City-St-Zip: City-St-Zip: PLANTATION, FL 33317 US Title: () Delete Title: () Change (X) Addition Name: Name: BERKOWITZ, MARTIN Address: Address: 313 NORTH STATE ROAD 7 City-St-Zip: City-St-Zip: PLANTATION, FL 33317 US

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: MARTIN BERKOWITZ D 04/17/2008