


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90022 037 ***158.75

DOCUMENT # 455028	
1. Entity Name A CHILD'S HAVEN, INC.	

Principal Place of Business 1945 SW 31ST AVE OCALA FL 34474 US	Mailing Address 1945 SW 31ST AVE OCALA FL 34474 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 1843 SE 17th Avenue Suite, Apt. #, etc.	3. Mailing Address 1843 SE 17th Avenue Suite, Apt. #, etc.
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City & State Ocala FL	City & State Ocala FL
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4. FEI Number 59-1544794	Applied For <input type="checkbox"/> Not Applicable
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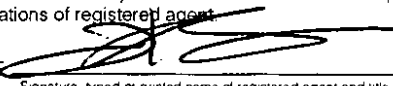
Zip 34471	Country Marion	Zip 34471	Country Marion
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STROM, TERESA 3943 SE 17TH PLACE OCALA FL 34471

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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:  DATE: **3/18/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Added to Fee:
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10. OFFICERS AND DIRECTORS	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME SMITH, JOHN J	
STREET ADDRESS 3207 S 23RD AVE.	→
CITY-ST-ZIP OCALA FL 34471	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME STROM, TERESA K	
STREET ADDRESS 3943 SE 17TH PLACE	→
CITY-ST-ZIP OCALA FL 34471	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME J. John Smith	
STREET ADDRESS 3853 NE 3rd Street	
CITY-ST-ZIP Ocala, FL 34470	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME Teresa K. Strom	
STREET ADDRESS 3943 SE 17th Place	
CITY-ST-ZIP Ocala, FL 34471	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3/21/05** DAYTIME PHONE #: **352-237-70**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR