2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# 703423

Entity Name: THE CHILDREN'S HOME, INC.

Current Principal Place of Business:

10909 MEMORIAL HWY
TAMPA, FL 336152599 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 262229
TAMPA, FL 336852229 US

New Mailing Address:

FEI Number: 59-0696284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, BRUCE H
101 E KENNEDY BLVD
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Title: SD ( ) Delete
Name: ADAMS, CHERYL
Address: 4942 ST. CROIX DRIVE
City-St-Zip: TAMPA, FL 33629

Title: P ( ) Delete
Name: HARDING, LINDA S
Address: 13577 FEATHER SOUND DRIVE SUITE 400
City-St-Zip: CLEARWATER, FL 33762

Title: CEO ( ) Delete
Name: VENEMAN, GERARD
Address: 9111 BRINDLEWOOD DRIVE
City-St-Zip: ODESSA, FL 33556

Title: CFO ( ) Delete
Name: BOWER, HAROLD
Address: 3704 KINGSFORD PLACE
City-St-Zip: VALRECO, FL 33594

Title: TD ( ) Delete
Name: LAWRENCE, CYNTHIA K
Address: 2 EAGLE LANE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHR (X) Change ( ) Addition
Name: MASTRORIO, DAVID MR.
Address: P O BOX 273811
City-St-Zip: TAMPA, FL 33688

Title: SEC (X) Change ( ) Addition
Name: SCHMITZ, KARL MR
Address: 12000 N. DALE MABRY HWY, STE. 110
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change ( ) Addition
Name: BOULAY, SHERRY MS
Address: 906 EAGLE LANE
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD E. BOWER CFO 01/26/2006

Electronic Signature of Signing Officer or Director — Date