2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 06, 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 (X)**

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:	CHR	( ) Delete
Name:	MASTRORIO, DAVID MR.	
Address:	P O BOX 273811	
City-St-Zip:	TAMPA, FL 33688	
Title:	SEC	( ) Delete
Name:	SCHMITZ, KARL MR	
Address:	12000 N. DALE MABRY HWY, STE. 110	
City-St-Zip:	TAMPA, FL 33618	
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:	TRES	( ) Delete
Name:	BOULAY, SHERRY MS	
Address:	906 EAGLE LANE	
City-St-Zip:	APOLLO BEACH, FL 33572	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFO	(X) Change ( ) Addition
Name:	LATORTUE, REYNALD	
Address:	9719 YESHUA WAY	
City-St-Zip:	TAMPA, FL 33618	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: REYNALD LATORTUE CFO 12/06/2006

Electronic Signature of Signing Officer or Director — Date