


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 10, 2006 08:00 A.
Secretary of State

DOCUMENT # 742883	
1. Entity Name SATURDAY'S CHILDREN INCORPORATED	

Principal Place of Business 5201 CUMBERLAND DR TAMPA, FL 33617 US	Mailing Address PO BOX 4998 TAMPA, FL 33607 US
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05062006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1853602	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONDON, JANICE S
5201 CUMBERLAND DR
TAMPA, FL 33617

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

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, SHARON 2413 WEST GRAY STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLEY, SYLVIA M 7821 53RD ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARRY, ERNESTINE 3214-11TH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONDON, JANICE S 5201 CUMBERLAND DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, SYBIL 1905 STATE STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565590
05/22/06-80003-004 70.00

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12. I hereby certify that the information supplied with this filing 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 617, 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.

SIGNATURE: Janice S. London 5/6/06 (813)985-8209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #