

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746729

FILED
May 01, 2007
Secretary of State

Entity Name: THE CHILDREN'S MUSEUM, INC.

Current Principal Place of Business:

498 CRAWFORD BLVD.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

498 CRAWFORD BLVD.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-6652019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OSBORNE, R. BRADY, JR.
% OSBORNE, HANKINS, MACLAREN & REDGRAVE
998 S. FEDERAL HIGHWAY
BOCA RATON, FL 33432 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOREY, PENNY
Address: 6418 LAS FLORES DR.
City-St-Zip: BOCA RATON, FL 33433

Title: SD () Delete
Name: MORRISON, JAYNE
Address: 480 NW 20TH
City-St-Zip: BOCA RATON, FL 33431

Title: TD () Delete
Name: NEUMAN, TOM
Address: 2800 PALMWOOD TERRACE #122
City-St-Zip: BOCA RATON, FL 33431

Title: ED () Delete
Name: MERCIER, POPPI
Address: 30 SW 5TH AVENUE
City-St-Zip: BOCA RATON, FL

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

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: POPPI MERCIER

ED

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date