


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001374 1. Entity Name CHINESE CHILDREN CHARITIES INC.	
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Principal Place of Business 6920 SOUTH HOLLY CIRCLE CENTENNIAL, CO 80112	Mailing Address 6920 SOUTH HOLLY CIRCLE CENTENNIAL, CO 80112
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02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1208720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONTAINE, NANCY S
1801 MICCOSUKEE COMMONS DRIVE
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000220139 02/08/05-80051-011 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LANSING, PETER 6315 E. TUFT AVENUE CHERRY HILL VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC RADY, PAUL 990 E. BRIARWOOD CIRCLE N LITTLETON, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMHAM, JERRY 4195 STONE MINOR HTS COLORADO SPRINGS, CO 80906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONZIO, CRAIG 156 ELK CROSSING LANE EVERGREEN, CO 80439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIE, LILY 10293 E CRESTRIDGE LN ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZHONG, JOSHUA 10293 E CRESTRIDGE LANE ENGLEWOOD, CO 80111

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IN THIS SPACE**

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 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: Nancy S Fontaine 2/4/05 (850)878-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #