


**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.



Principal Place of Business: 6920 SOUTH HOLLY CIRCLE, CENTENNIAL, CO 80112
Mailing Address: 6920 SOUTH HOLLY CIRCLE, CENTENNIAL, CO 80112

DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 84-1208720 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FONTAINE, NANCY S
1801 MICCOSUKEE COMMONS DRIVE
TALLAHASSEE, FL 32308

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

000000220139
02/08/05-80051-011 61.25

10. OFFICERS AND DIRECTORS

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

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