2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# F03000004556

Entity Name: CHILDREN'S HOUSE INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

600 THACKER AVENUE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

PO BOX 1829
FERNDALE, WA 98248

New Mailing Address:

FEI Number: 94-2643021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BORO, RUTH
1852 SAILFISH COURT
KISSIMMEE, FL 34744 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:	SOB	( ) Delete
Name:	PRICE, DEBORAH S	
Address:	6204 PARKLAND WAY	
City-St-Zip:	FERNDALE, WA 98248	
Title:	VP	( ) Delete
Name:	SNARR, JEFF	
Address:	1790 SUGARLOAF DR.	
City-St-Zip:	SANDY, UT 84092	
Title:	S	( ) Delete
Name:	POPESCU, MARIANA	
Address:	1468 E 8020 S	
City-St-Zip:	SANDY, UT 840936649	
Title:	S	( ) Delete
Name:	POPESCU, DANIEL	
Address:	1468 E 8020 S	
City-St-Zip:	SANDY, UT 840936649	
Title:	P	( ) Delete
Name:	SPIVEY, RICK	
Address:	3229 E. NUTREE DR.	
City-St-Zip:	SALT LAKE CITY, UT 84121	
Title:	P	( ) Delete
Name:	SPIVEY, DONNA	
Address:	3229 E. NUTREE DR.	
City-St-Zip:	SALT LAKE CITY, UT 84121	

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:	
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 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 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: DEBORAH S. PRICE SOB 03/31/2005
Electronic Signature of Signing Officer or Director — Date