## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004556

FILED Mar 01, 2006 Secretary of State

Entity Name: CHILDREN'S HOUSE INTERNATIONAL, INCORPORATED

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	KER AVENUE E, FL 34741				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
PO BOX 1 FERNDAL	829 .E, WA 98248				
FEI Number: 94-2643021 FEI Number Applied For() F		FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
BORO, RUTH 1852 SAILFISH COURT KISSIMMEE, FL 34744 US			2232 HILLSHIRE D	STARKEY, JENNIFER 2232 HILLSHIRE DRIVE ORLANDO, FL 32828 US	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE: JENNIFE	R STARKEY		03/01/2006	
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	SOB () PRICE, DEBOR 6204 PARKLAN FERNDALE, W	ID WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () SNARR, JEFF 1790 SUGARLO SANDY, UT 84		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () POPESCU, MAI 1468 E 8020 S SANDY, UT 84		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () POPESCU, DAI 1468 E 8020 S SANDY, UT 84		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () SPIVEY, RICK 3229 E. NUTRE SALT LAKE CIT		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () SPIVEY, DONN 3229 E. NUTRE SALT LAKE CIT	E DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH S. PRICE SOB 03/01/2006