2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004556

FILED Jan 03, 2008 Secretary of State

Entity Name: CHILDREN'S HOUSE INTERNATIONAL, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 600 THACKER AVENUE KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** PO BOX 1829 FERNDALE, WA 98248 FEI Number: 94-2643021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STARKEY, JENNIFER STARKEY, JENNIFER 14549 CHÉEVER ST. 2232 HILLSHIRE DRIVE US ORLANDO, FL 32828 US ORLANDO, FL 32828 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: 01/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: SOB (X) Change () Addition () Delete PRICE, DEBORAH S PRICE, DEBORAH S Name: Name: 6204 PARKLAND WAY Address: P.O. BOX 1829 Address: City-St-Zip: FERNDALE, WA 98248 City-St-Zip: FERNDALE, WA 98248 Title: TREA Title: () Delete () Change () Addition SNARR, JEFF Name: Name: Address: 1790 SUGARLOAF DR. Address: City-St-Zip: SANDY, UT 84092 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition HIGHFIELD, VIRGINIA Name: Name: 554 W. APPLEWOOD DRIVE Address: Address: City-St-Zip: BOUNTIFUL, UT 84010 City-St-Zip: Title: SEC () Delete Title: () Change () Addition SNARR, CONNIE Name: Name: 1790 SUGARLOAF DRIVE Address: Address: City-St-Zip: SANDY, UT 84092 City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition SPIVEY, RICHARD J Name: Name: 3229 E. NUTREE DR. Address: Address: City-St-Zip: SALT LAKE CITY, UT 84121 City-St-Zip: Title: () Delete Title: () Change () Addition RELLAFORD, BARRY Name: Name: Address: 383 WEST 1360 NORTH Address: AMERICAN FORK, UT 84003 City-St-Zip: 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: DEBORAH S. PRICE SOB 01/03/2008