## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004556

FILED Feb 04, 2009 Secretary of State

Entity Name: CHILDREN'S HOUSE INTERNATIONAL, INCORPORATED

	Principal Place of Business:	New Principal Place of	OT BUSINESS:
	CKER AVENUE EE, FL 34741		
Current N	Mailing Address:	New Mailing Address	:
PO BOX 1 FERNDAL	1829 _E, WA 98248		
FEI Number	r: 94-2643021 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	d Address of Current Registered Agent:	Name and Address of	New Registered Agent:
14549 CH	/, JENNIFER IEEVER ST. O, FL 32828 US		
	e named entity submits this statement for the e of Florida.	ne purpose of changing its registered	office or registered agent, or bot
SIGNATU	RE:		
	Electronic Signature of Registered	Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECT
Γitle: Name:	SOB ( ) Delete PRICE, DEBORAH S	Title: Name:	( ) Change ( ) Addition
	P.O. BOX 1829 FERNDALE, WA 98248	Address: City-St-Zip:	
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:		City-St-Zip:	()Change ()Addition
City-St-Zip: Fitle: Name: Address:	FERNDALE, WA 98248  TREA ( ) Delete  SNARR, JEFF  1790 SUGARLOAF DR.	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change()Addition ()Change()Addition
Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	FERNDALE, WA 98248  TREA ( ) Delete SNARR, JEFF 1790 SUGARLOAF DR. SANDY, UT 84092  VP ( ) Delete HIGHFIELD, VIRGINIA 554 W. APPLEWOOD DRIVE	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	• ()
Dity-St-Zip:  Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address: Address:	FERNDALE, WA 98248  TREA () Delete SNARR, JEFF 1790 SUGARLOAF DR. SANDY, UT 84092  VP () Delete HIGHFIELD, VIRGINIA 554 W. APPLEWOOD DRIVE BOUNTIFUL, UT 84010  SEC () Delete SNARR, CONNIE 1790 SUGARLOAF DRIVE	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	()Change()Addition

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 02/04/2009