2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
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:

STARKEY, JENNIFER
14549 CHEEVER ST.
ORLANDO, FL 32828 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:	P.O. BOX 1829	
City-St-Zip:	FERNDALE, WA 98248	
Title:	TREA	( ) Delete
Name:	SNARR, JEFF	
Address:	1790 SUGARLOAF DR.	
City-St-Zip:	SANDY, UT 84092	
Title:	VP	( ) Delete
Name:	HIGHFIELD, VIRGINIA	
Address:	554 W. APPLEWOOD DRIVE	
City-St-Zip:	BOUNTIFUL, UT 84010	
Title:	SEC	( ) Delete
Name:	SNARR, CONNIE	
Address:	1790 SUGARLOAF DRIVE	
City-St-Zip:	SANDY, UT 84092	
Title:	PRES	( ) Delete
Name:	SPIVEY, RICHARD J	
Address:	3229 E. NUTREE DR.	
City-St-Zip:	SALT LAKE CITY, UT 84121	
Title:	T	( ) Delete
Name:	RELLAFORD, BARRY	
Address:	383 WEST 1360 NORTH	
City-St-Zip:	AMERICAN FORK, UT 84003	

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 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

Electronic Signature of Signing Officer or Director — Date