2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# F07000005681

Entity Name: AT RISK CHILDREN FOUNDATION INC.

Current Principal Place of Business:

5930 108TH STREET, #3PP
REGO PARK, NY 11368

New Principal Place of Business:

Current Mailing Address:

201 SW 85 TERRACE
#102
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 05-0548639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: CP ( ) Delete
Name: MATHURIN, MARLENE
Address: 201 SW 85TH TERRACE, #102
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VCVP ( ) Delete
Name: CHARLOT, MARIE G
Address: 201 SW 85TH TERRACE, #102
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DT ( ) Delete
Name: FERREL, ANWAR E
Address: 201 SW 85TH TERRACE, #102
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete
Name: ARGANT, GILLIANE
Address: 201 SW 85TH TERRACE, #102
City-St-Zip: PEMBROKE PINES, FL 33025

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:

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: MARLENE MATHURIN MRS 02/18/2009

Electronic Signature of Signing Officer or Director — Date