

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 07, 2009  
Secretary of State**

DOCUMENT# F08000003925

Entity Name: CHILDREN'S RIGHTS COUNCIL OF CONNECTICUT, INC.

**Current Principal Place of Business:**

39 WINTERGREEN DR.  
QUAKER HILL, CT 06375

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 63  
QUAKER HILL, CT 06375

**New Mailing Address:**

FEI Number: 91-2115363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROSEMAN, MARK  
9687 PAVAROTTI TERR., #104  
BOYNTON BEACH, FL 33437      US

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: P      ( ) Delete  
Name: ROSEMAN, MARK  
Address: 9687 PAVAROTTI TERR, #104  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO      (X) Change ( ) Addition  
Name: ROSEMAN, MARK  
Address: 9687 PAVAROTTI TERR, #104  
City-St-Zip: BOYNTON BEACH, FL 33437

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: MARK ROSEMAN

CEO

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date