2006 NOT-FOR-PROFIT CORPO! **ANNUAL REPORT (AR)**

May 04, 2006 8:00 am Secretary of State DOCUMENT # F93000004800 1. Entity Name 05-04-2006 90243 030 ****61.25 MISSING CHILDREN ALERT PROGRAM, INC. Principal Place of Business Mailing Address WESTERN AVE. P.O. BOX 3745 ST. AUGUSTINE FL 32095 #535 WEST BOOTHBAY HARBOR ME 04575 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 01-0483770 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DASHER, JOANN Street Address (P.O. Box Number is Not Acceptable) 3145 COASTAL HWY #1126 ST AUGUSTINE FL 32095 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 国人的"MATERIAL SERVICE" 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition HARMES, CHESTER L NAME NAME WESTERN AVE., P.O. BOX 525 B STREET ADDRESS STREET ADDRESS 399 BACK NARROWS RD WEST BOOTHBAY HARBOR ME CITY-ST-ZIP CITY-ST-ZIP BOOTHBAY, ME TD ☐ Delete TITLE X Change ☐ Addition HARMES, CHESTER L NAME 399 BACK NARROWS RD. WESTERN AVE., P.O. BOX 525 B STREET ADDRESS STREET ADDRESS BOOTHBAY, ME WEST BOOTHBAY HARBOR ME CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete TITLE TITLE ☐ Change Addition DRASHER, JOANN NAME NAME STREET ADDRESS 3145 COASTAL HWY #1126 STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition HYATT, NICOLINA NAME STREET ADDRESS 236 LAKE DORA DR STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33411 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered to ECORP. SECY

SIGNATURE:

4/18/01.

904-829-2466

NAME

TITLE

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

18/06

FILED

904-829-246

☐ Change

☐ Addition