


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 046 ****70.00

DOCUMENT # F95000002762			
1. Entity Name AMERICAN FOUNDATION FOR CHILDREN AND YOUTH, INC.			
Principal Place of Business C/O EDGAR B. PHILLIPS, M.D., PRESIDEN 455 PARADISE ISLE #306 HALLANDALE FL 33009		Mailing Address PO BOX 4584 HALLANDALE FL 33008	
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>P.O. Box 4584</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Hallandale</i>	
City & State		City & State <i>FL</i>	
Zip <i>33008</i>	Country	Zip <i>33008</i>	Country
6. Name and Address of Current Registered Agent PHILLIPS, EDGAR B M.D. 455 PARADISE ISLE., #306 HALLANDALE BEACH FL 33009		7. Name and Address of New Registered Agent Name <i>SAME</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number **22-2848332** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PHILLIPS, EDGAR B MD 455 PARADISE ISLE BLVD 306 HALLANDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD LEVESQUE, RAYMOND J CPA 767 HIGHLAND STREET HOLLISTON MA 01746-1102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DOLENZ, SAMANTHA 1960 BEL AIR ROAD BEL AIR CA 90777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DAY, EMERSON M 19 PINWOOD VILLAGE WEST LEBANON NH 03784 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FISHER, DONALD W PHD 3814 IVANHOE LANE ALEXANDRIA VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HIBBARD, ERICH M 17 CHASE GAYTON DR # 1434 RICHMOND VA 23233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Edgar B. Phillips, M.D.* *Edgar B. Phillips M.D.* 01/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #