


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90054 050 ****70.00

DOCUMENT # F95 00000 5927	
1. Entity Name <i>Children's Hopes + Dreams Foundation, Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>280 Rt. 46</i>		3. Mailing Address <i>86 Auble Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Dover, NJ</i>		City & State <i>Blairstown NJ</i>	
Zip <i>07801</i>	Country <i>USA</i>	Zip <i>07825</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>22-2452473</i>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>David Gardner</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>8535 Summerville Pl.</i>			
City <i>Orlando</i> FL Zip Code <i>32819</i>			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres. Vic Franklin 86 Auble Rd. Blairstown, NJ 07825</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V Pres. Daniel Petersen 215 W. Wayne Blvd. Box 38 Madison, NJ 07940</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chief Fiscal Officer James Stark 6 East Side Dr. Newton, NJ 07860</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Virginia Gable Trustee Secretary 607 Elizabeth Ave Somerset, NJ 08873</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Trustee Jan Kershner 12463 Skipper Circle Woodbridge, VA 22192</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Trustee Michele Robles 7101 Wil Lou Ln. N. Ridgeville, OH 44039</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Vic Franklin* 1/21/04 908459-9393

CR2E037B (12/02)