

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H70676

Entity Name: CHILDLIFE, INC.

FILED
Feb 21, 2008
Secretary of State

Current Principal Place of Business:

851 ISLEBAY DRIVE
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

13140 LYNN ROAD
TAMPA, FL 33625 US

Current Mailing Address:

PO BOX 2055
LUTZ, FL 335482055 US

New Mailing Address:

FEI Number: 59-2559881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, DAVID G
851 ISLEBAY DRIVE
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

ROBINSON, DAVID G
13140 LYNN ROAD
TAMPA, FL 33625 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: DAVID G ROBINSON

02/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, SHIRLEY E.,
Address: PO BOX 2055
City-St-Zip: LUTZ, FL 335482055

Title: CEO () Delete
Name: ROBINSON, DOUGLAS E
Address: PO BOX 2055
City-St-Zip: LUTZ, FL 335482055

Title: T () Delete
Name: ROBINSON, JOHNETTE L
Address: PO BOX 2055
City-St-Zip: LUTZ, FL 335482055

Title: V () Delete
Name: ROBINSON, DAVID G
Address: PO BOX 2055
City-St-Zip: LUTZ, FL 335482055

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNETTE ROBINSON

T

02/21/2008

Electronic Signature of Signing Officer or Director

Date