

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83735

FILED
Apr 25, 2005
Secretary of State

Entity Name: RUSSELL CHILDREN'S TRUST, INC.

Current Principal Place of Business:

P.O. BOX 858
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 858
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0053132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARY E. RUSSELL
17050 NW 30 AVE
OPALOCKA, FL 33056 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUSSELL, GEORGE L.,
Address: 2601 S.W. 31ST AVENUE
City-St-Zip: HALLANDALE, FL

Title: DP () Delete
Name: RUSSELL, GARY,
Address: 17050 NW 30 AVE
City-St-Zip: OPA LOCKA, FL

Title: D () Delete
Name: RUSSELL, GLENN,
Address: RT. 1 BOX 14
City-St-Zip: LYONS, GA

Title: DS () Delete
Name: O'BRIEN, JOYCE,
Address: 1551 SW 129 WAY
City-St-Zip: DAVIE, FL

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 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 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: GARY E. RUSSELL

DP

04/25/2005

Electronic Signature of Signing Officer or Director

Date