

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90007 017 ***150.00

DOCUMENT # L78061 1. Entity Name INSTITUTE OF CHILD ADVOCACY, INC.			
Principal Place of Business % PETER A MUSANTE SR 2449 TIMBERCREST CIRW. CLERCK, FL 33763 US		Mailing Address % PETER A MUSANTE SR P.O. BOX 8068 CLERK, FL 33758 US	
2. Principal Place of Business 12844 80 Ave. No		3. Mailing Address 12844 80 Ave. No.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Seminole, FL		City & State Seminole, FL	
Zip 33776		Zip 33776	
Country FLORIDA		Country FLORIDA	
6. Name and Address of Current Registered Agent MUSANTE SR, PETER A. TIMBERCREST CIR. WEST CLEARWATER, FL 33763		7. Name and Address of New Registered Agent Name ALFRED A. DANNA, JR. Street Address (P.O. Box Number is Not Acceptable) 12844 80 Ave. No. City SEMINOLE FL Zip Code 33776	
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 <u><i>Alfred A. Danna Jr</i></u> DATE <u>2-25-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D DANNA, ALFRED A JR 2449 TIMBERCREST CIRCLE W CLEARWATER, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P 12844 80 Ave. No. Seminole, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D THOMAS, TERRANCE P 2449 TIMBERCREST CIRCLE W CLEARWATER, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D MUSANTE, PETER A SR 2449 TIMBERCRESTR CIRCLE W CLEARWATER, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 Chapter 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 607, 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:

Alfred A. Danna Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-06 839184083
Date Daytime Phone #