2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001105

Apr 22, 2006 Secretary of State

Entity Name: CHOSEN CHILDREN INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 38714 12646 WOODSIDE FALLS RD LOS GATES, CA 950312182 PINEVILLE, NC 28134 **Current Mailing Address: New Mailing Address:** PO BOX 38714 CHARLOTTE, NC 28278\ US FEI Number: 74-2946042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITEHEAD, CAROL-ANN 4908 ALDER DRIVE APT B WEST PALM BEACH, FL 33417 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Change () Addition () Delete COHN. MARILYN Name: Name: 14324 ARBOR RIDGE DR Address: Address: City-St-Zip: CHARLOTTE, NC 28273 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PEARSON, HEATHER Name: CATHEY, CORRINE Address: 453 SARATOGA AVE Address: 12646 WOODSIDE FALLS RD. City-St-Zip: SANTA CLARA, CA 95050 City-St-Zip: PINEVILLE, NC 28134 Title: () Delete Title: () Change () Addition WHITEHEAD, CAROL-ANN Name: Name: Address: 4908 ALDER DRIVE APT B Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: () Delete Title: SEC. () Change (X) Addition Name: Name: STEPHENSON, ELAINE 16034 PRESCOTT HILL AVE. Address: Address: City-St-Zip: City-St-Zip: CHARLOTTE, NC 28277

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN COHN CEO 04/22/2006