2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# N00000001830

Entity Name: HIMALAYAN CHILDREN'S CHARITIES, INC.

Current Principal Place of Business:

355 BROOK FORD PT
ALPHARETTA, GA 30022

New Principal Place of Business:

Current Mailing Address:

355 BROOK FORD PT
ALPHARETTA, GA 30022

New Mailing Address:

FEI Number: 65-0995336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEENAN, BRUCE
7928 WEST DRIVE #509
N BAY VILLAGE, FL 33141 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

OFFICERS AND DIRECTORS:

Title:	DIR	(X) Delete
Name:	SCHLABAUGH, JOHN	
Address:	1117 MT CARMEL CHURCH RD	
City-St-Zip:	CHAPEL HILL, NC 27514	
Title:	PRES	( ) Delete
Name:	KEENAN, BRUCE	
Address:	7928 WEST DRIVE APT 509	
City-St-Zip:	N BAY VILLAGE, FL 33141	
Title:	DIR	( ) Delete
Name:	KEENAN, SUSAN	
Address:	355 BROOK FORD PT	
City-St-Zip:	ALPHARETTA, GA 30022	
Title:	DIR	(X) Delete
Name:	TATTA, ADELE	
Address:	1117 MT CARMEL CHURCH RD	
City-St-Zip:	CHAPEL HILL, NC 27514	

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

SIGNATURE: BRUCE KEENAN PRES 01/27/2005

Electronic Signature of Signing Officer or Director — Date