

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004355

FILED
Jan 07, 2009
Secretary of State

Entity Name: CHILDREN WITH GENETIC DEFECTS, INC.

Current Principal Place of Business:

8013 SW 30 STREET
DAVIE, FL 33328

New Principal Place of Business:

8013 SW 30 STREET
DAVIE, FL 33328 19

Current Mailing Address:

8013 SW 30 STREET
DAVIE, FL 33328

New Mailing Address:

8013 SW 30 STREET
DAVIE, FL 33328 19

FEI Number: 65-1115423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVIN, ALAN R
8013 SW 30 STREET
DAVIE, FL 33328 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: PD () Delete
Name: LEVIN, ALAN R
Address: 8013 SW 30 STREET
City-St-Zip: DAVIE, FL 33328

Title: VD () Delete
Name: LEVIN, ARTHUR J
Address: 9401 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: HIMMEL, ALAN
Address: 818 HAWTHORN TERR
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: BURKLEY, JOHN R
Address: 2708 NE 10 ST
City-St-Zip: PAMPANO BEACH, 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: D (X) Change () Addition
Name: BURKLEY, JOHN R
Address: 2708 NE 10 ST
City-St-Zip: POMPANO BEACH, FL

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

SIGNATURE: ALAN R. LEVIN

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date