FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90434 043 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT	UN

1. Entity Name CHILDREN'S MEMORIAL AND GARDENS, INC.									~ ^ 0 0 0 0	0		
4524 4TH AVE DRIVE EAST P.O				ling Address) BOX 343 ADENTON, FL 34206				40090332				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mail	ing Address								
Suite, Apt. #, etc. St			Su	Suite, Apt. #, etc.			02232007	Chg-NP	CR2E03	7 (12/06)		
City & State	e		Cit	City & State				4. FEI Number 65-11496	69	· · ·-		oplied For ot Applicable
Zip	Zip Country		Zip	ip Cou		untry		5 Certificate of Status Desired \$8.75 A			8.75 Add ee Require	
	6. Name	and Address of Current	t Registere	d Agent				7. Name and Ad	dress of New R	egistered A	gent	
MANSON,	IOHNIC					Name						
1111 9TH	AVE WES					Street Address (P.O. Box Number is Not Acceptable)						
	·					City				FL	Zip Cod	9
	named entiti	y submits this statement fi ered agent.	or the purp	ose of changing its	register	ed office or	register	ed agent, or both, i	n the State of Fic		amiliar with,	and accept
SIGNATURE .												
•	Signature, typed	or printed name of registered agen	t and title if app	ilicable. (NOTE	Registere	d Agent signatur	re required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaig Trust Fund Contrib												
	_		-					\$5.00 May Be Added to Fees		ake check ida Depart		
10.	_		IRECTORS				Ц		Flor	ida Depart	ment of S	tate
10.	_	fay 1, 2007	IRECTORS		ontribut	ion. [Ц	Added to Fees	Flor	ida Depart	ment of S	tate
TITLE NAME	Due by N DP GLIM, JO	ANN	IRECTORS	Trust Fund C	11.	ion. [Ц	Added to Fees	Flor	ida Depart	ment of S	tate 10
TITLE NAME STREET ADDRESS	DP GLIM, JO 4524 4TH	OFFICERS AND DI ANN AVE DR E	IRECTORS	Trust Fund C	11. TITLE NAM STRE	E E EET ADORESS	Ц	Added to Fees	Flor	ida Depart	ment of S	tate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLIM, JO 4524 4TH BRADEN	ANN	IRECTORS	Trust Fund C	11. TITLE NAM STRE	E RE EET ADORESS	Ц	Added to Fees	Flor	ida Depart	ment of Si	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP GLIM, JO 4524 4TH BRADEN	ANN AVE DR E TON, FL 34208	IRECTORS	Trust Fund C	11. TITLE NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	Ц	Added to Fees	Flor	ida Depart	ment of S	tate 10
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Indicated on this report or supplied with 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 617, 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO ANN V. GLIM APR 26, 2007

(941) 749-6166

Daytime Phone #