2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 17, 2007
Secretary of State

DOCUMENT# N01000007036

Entity Name: CHILDREN'S SUPPORT NETWORK, INC.

Current Principal Place of Business:

8000 S.W. 138 ST
PALMETTO BAY, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 560644
MIAMI, FL 332560644 US

New Mailing Address:

FEI Number: 65-1159240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERSTEIN, LIANA M
8000 S.W. 138 ST
PALMETTO BAY, FL 33158 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:	DP	( ) Delete
Name:	SILVERSTEIN, LIANA M	
Address:	8000 S.W. 138 ST	
City-St-Zip:	PALMETTO BAY, FL 33158 US	
Title:	D/S	( ) Delete
Name:	GONZALEZ, DOROTHY R	
Address:	13700 S.W. 78 COURT	
City-St-Zip:	PALMETTO BAY, FL 33158 US	
Title:	D/T	( ) Delete
Name:	JOHNSON, DELORES	
Address:	15007 S. W. 113 PLACE	
City-St-Zip:	MIAMI, FL 33176 US	
Title:	D	( ) Delete
Name:	WYNNE, KATHY	
Address:	3152 NEW YORK ST.	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	D	(X) Delete
Name:	GARCIA, PATRICIA	
Address:	2245 S. W. 89 PLACE	
City-St-Zip:	MIAMI, FL 33165	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DP	(X) Change ( ) Addition
Name:	JOHNSON, DELORES	
Address:	15007 S. W. 113 PLACE	
City-St-Zip:	MIAMI, FL 33176 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D/T	(X) Change ( ) Addition
Name:	SILVERSTEIN, LIANA M	
Address:	8000 S.W 138 STREET	
City-St-Zip:	PALMETTO BAY, FL 33158 US	
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 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: LIANA M SILVERSTEIN T/D 10/17/2007

Electronic Signature of Signing Officer or Director — Date