2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
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 STREET
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: D/P ( ) Delete
Name: WISSER, REBA J
Address: 6135 S. W. 116 STREET
City-St-Zip: PINECREST, FL 33156 US

Title: D/VP ( ) Delete
Name: GONZALEZ, DOROTHY R
Address: 13700 S.W. 78 COURT
City-St-Zip: PALMETTO BAY, FL 33158 US

Title: D/T ( ) Delete
Name: SILVERSTEIN, LIANA M
Address: 8000 S.W 138 STREET
City-St-Zip: PALMETTO BAY, FL 33158 US

Title: D/S (X) Delete
Name: FALLON, MARYELLEN
Address: 10720 S. W. 83 COURT
City-St-Zip: MIAMI, FL 33156

Title: D (X) Delete
Name: WYNNE, KATHY
Address: 3152 NEW YORK STREET
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: FALLON, MARYELLEN
Address: 10720 S. W. 83 COURT
City-St-Zip: MIAMI, FL 33156 US

Title: D/S (X) Change ( ) Addition
Name: GONZALEZ, DOROTHY R
Address: 13700 S.W. 78 COURT
City-St-Zip: PALMETTO BAY, FL 33158 US

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 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 D/T 04/26/2009

Electronic Signature of Signing Officer or Director — Date