2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007952

FILED Jan 15, 2007 Secretary of State

Entity Name: ALLIANCE FOR FAMILIES WITH DEAF CHILDREN, INC.

Current Principal Place of Business: New Principal Place of Business: 1350 EAST SUNRISE BOULEVARD SUITE 105 FT. LAUDERDALE, FL 33304 **Current Mailing Address: New Mailing Address:** 1350 EAST SUNRISE BOULEVARD SUITE 105 FT. LAUDERDALE, FL 33304 FEI Number: 65-1151390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, JENNIFER 812 WÉST PLANTATION CIRCLE PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DAVID, DEBORAH Name: Name: 6301 NW 5TH WAY SUITE 3400 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: () Change () Addition PERO, PATRICIA Name: Name: Address: 1565 NW 159TH AVE. Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: Title: () Delete Title: (X) Change () Addition BURNS- HOFFMAN, REBECCA MRS. Name: ULISS, BETSY MS Name: 5717 FISHERMAN'S DRIVE 8618 VIA GIARDINO Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: BOCA RATON, FL 33433 Title: () Delete Title: (X) Change () Addition FINNEGAN, MARGARET DR. Name: Name: MCCARTHY, KARMEL MRS 703 NORTH FLAMINGO ROAD Address: PO BOX 1027 Address: City-St-Zip: ST. AUGUSTINE, FL 32085 City-St-Zip: PEMBROKE PINES, FL 33028 Title: () Delete Title: (X) Change () Addition COHN, CHRISTIE MS. HOFF, ERIKA DR. Name: Name: 2511 CAT CAY LANE 2912 COLLEGE AVENUE Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: **DAVIE, FL 33314** Title: () Delete Title: () Change (X) Addition STACEY, DANIEL MR. Name: Name: Address: Address: 11865 ROYAL PALM BOULEVARD APT. 204 CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA PERO D 01/15/2007