

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008199

FILED  
Jan 09, 2006  
Secretary of State

**Entity Name:** CHILD PROTECTION EDUCATION OF AMERICA, INC.

**Current Principal Place of Business:**

410 WARE BLVD #400  
TAMPA, FL 33619

**New Principal Place of Business:**

410 SOUTH WARE BLVD #400  
TAMPA, FL 33619 US

**Current Mailing Address:**

410 WARE BLVD #400  
TAMPA, FL 33619 US

**New Mailing Address:**

410 SOUTH WARE BLVD #400  
TAMPA, FL 33619 US

**FEI Number:** 01-0591203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SESSIONS, HILARY R  
410 WARE BLVD  
STE 400  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

SESSIONS, HILARY R  
410 SOUTH WARE BLVD  
STE 400  
TAMPA, FL 33619 US

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: HILARY R. SESSIONS

01/09/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SESSIONS, HILARY R  
Address: 2205 WINDWOOD PLACE  
City-St-Zip: VALRICO, FL 33594

Title: PD ( ) Delete  
Name: KATZ, JODY  
Address: 2011 PLANTATION PALM DR # 201  
City-St-Zip: BRANDON, FL 33511

Title: STD ( ) Delete  
Name: WEINHOLD, MARLENE  
Address: 7201 17TH WAY NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VD ( ) Delete  
Name: MCMANUS, CHRIS  
Address: 8261 SWANN HOLLOW DRIVE  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: KATZ, JODY  
Address: BUDDY'S HOME FUR, 6608 ADAMO DRIVE  
City-St-Zip: TAMPA, FL 33619

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: CLEVELAND, JAMES S  
Address: 1504 HERITAGE DRIVE  
City-St-Zip: VALRICO, FL 33594

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: HILARY R. SESSIONS

ED

01/09/2006

Electronic Signature of Signing Officer or Director

Date