

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008199

FILED
Jan 03, 2007
Secretary of State

Entity Name: CHILD PROTECTION EDUCATION OF AMERICA, INC.

Current Principal Place of Business:

410 SOUTH WARE BLVD #400
TAMPA, FL 33619 US

New Principal Place of Business:

410 SOUTH WARE BLVD #710
TAMPA, FL 33619 US

Current Mailing Address:

410 SOUTH WARE BLVD #400
TAMPA, FL 33619 US

New Mailing Address:

410 SOUTH WARE BLVD #710
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 SOUTH WARE BLVD
STE 400
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

SESSIONS, HILARY R
410 SOUTH WARE BLVD
STE 710
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:

01/03/2007

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: BUDDY'S HOME FUR, 6608 ADAMO DRIVE
City-St-Zip: TAMPA, FL 33619

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: LEHRBACH, CHARLES
Address: PO BOX 777
City-St-Zip: BROOKLINE, NH 03033

Title: ST (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

E D

01/03/2007

Electronic Signature of Signing Officer or Director

Date