2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008199

FILED Jan 16, 2009 Secretary of State

Entity Name: CHILD PROTECTION EDUCATION OF AMERICA, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
110 SOUTH WARE BLVD #710 TAMPA, FL 33619 US			3439 BROOK CROS BRANDON, FL 335		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
410 SOUTH WARE BLVD #710 ГАМРА, FL 33619 US				3439 BROOK CROSSING DRIVE BRANDON, FL 33511 US	
El Number	: 01-0591203 FEI Numb	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SESSIONS, HILARY R 110 SOUTH WARE BLVD STE 710 FAMPA, FL 33619 US			3439 BROOK CROS	SESSIONS, HILARY R 3439 BROOK CROSSING DRIVE BRANDON, FL 33511 US	
	e named entity submits this e of Florida.	s statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: HILARY R. SESSIONS				01/16/2009	
	Electronic Signatur	e of Registered Age	ent	Date	
OFFICER	S AND DIRECTORS:		ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	D () Delete SESSIONS, HILARY R 2205 WINDWOOD PLACE VALRICO, FL 33594		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	PD () Delete KATZ, JODY BUDDY'S HOME FUR, 6608 TAMPA, FL 33619	ADAMO DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	V () Delete CHILDERS, GRACE 616 WOODSTOCK ROAD VIRGINIA BEACH, VA 23464		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Nddress: City-St-Zip:	ST () Delete GALLETTI, DEBBIE 1503 HERITAGE DRIVE VALRICO, FL 33594		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: HILARY R. SESSIONS ED 01/16/2009