



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000008449 1. Entity Name THE CHILDREN'S CHARITY LEAGUE OF DADE COUNTY, INC.	
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Principal Place of Business 18710 NW 29 PL CAROL CITY, FL 33056	Mailing Address 18710 NW 29 PL CAROL CITY, FL 33056
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0784925	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, COLUMBUS JR 18710 NW 29 PL CAROL CITY, FL 33056	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MARTIN, COLUMBUS JR 18710 NW 29 PL CAROL CITY, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, WILLIE L 18910 NW 29 PL CAROL CITY, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, MERVIN 18824 NW 32ND PLACE CAROL CITY, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, LONNIESA 18824 NW 32ND PLACE MIAMI, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, BETTY A 18710 NW 29 PLACE OPA LOCKA, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **President** **1-28-2008** **305 621-5088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #