2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N02000004735

Entity Name: CHILDREN'S SAFETY COUNCIL, INC.

Current Principal Place of Business:

500 S. CYPRESS RD., SUITE 16
POMPANO BCH, FL 33060

New Principal Place of Business:

Current Mailing Address:

500 S. CYPRESS RD., SUITE 16
POMPANO BCH, FL 33060

New Mailing Address:

FEI Number: 81-0558446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, MICHAEL
500 S. CYPRESS RD., SUITE 16
POMPANO BCH, FL 33060

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	MILLER, MICHAEL	
Address:	500 S. CYPRESS RD., SUITE 16	
City-St-Zip:	POMPANO BCH, FL 33060	
Title:	D	( ) Delete
Name:	SCHULTE, PHILIP J	
Address:	381 SE 5TH TERR.	
City-St-Zip:	POMPANO BCH, FL 33060	
Title:	D	( ) Delete
Name:	MINYARD, BARBARA	
Address:	2809 NW 6TH AVE.	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:	D	( ) Delete
Name:	MILLER, MARY	
Address:	2725 SE 6TH ST.	
City-St-Zip:	POMPANO BCH, FL 33062	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL M. MILLER D 04/29/2004

Electronic Signature of Signing Officer or Director — Date