

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004735

FILED
Apr 26, 2007
Secretary of State

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 US

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 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: MICHAEL MILLER

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04/26/2007

Electronic Signature of Signing Officer or Director

Date