2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004746

Entity Name: FLORIDA'S CHILDREN FIRST, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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1801 NORTH UNIVERSITY DRIVE 1801 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33071

3RD FLOOR, SUITE B

CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

1801 NORTH UNIVERSITY DRIVE 1801 NORTH UNIVERSITY DRIVE 3RD FLOOR, SUITE B CORAL SPRINGS, FL 33071

CORAL SPRINGS, FL 33071

FEI Number: 52-2372998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIEVERS, KAREN 524 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ROSENBERG, ROBIN ROSENBERG, ROBIN Name: Name: PO BOX 3542 Address: 100 N. TAMPA, SUITE 2100 Address: City-St-Zip: SAINT PETERSBURG, FL 33731 US City-St-Zip: TAMPA, FL 33602 US

Title: () Delete Title: () Change () Addition

GIEVERS, KAREN Name: Name: Address: 524 EAST COLLEGE AVENUE, SUITE 2 Address: City-St-Zip: TALLAHASSEE, FL 32301 US City-St-Zip:

Title: () Delete Title: () Change () Addition

WILLIAMS, MAXINE Name: Name: Address: 423 FERN ST. Address:

City-St-Zip: W. PALM BEACH, FL 33401 US City-St-Zip: Title: P/D () Delete Title: P/D (X) Change () Addition

TALENFELD, HOWARD M Name: Name: TALENFELD, HOWARD M 2000 WEST COMMERCIAL BOULEVARD, SUITE 232 Address: Address: 100 SE 3RD AVE., 23RD FLOOR City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: FORT LAUDERDALE, FL 33394 US

Title: V/D () Delete Title: (X) Change () Addition Name:

SCHROTH, DEBORAH CABREY, BRIAN Name:

1 INDEPENDENT DR., SUITE 3306 126 W. ADAMS STREET, SUITE 502 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32202 US

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: KAREN GIEVERS T/D 04/28/2006

Electronic Signature of Signing Officer or Director

Date