2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# N02000007492

Entity Name: CHILDREN'S ANGEL NETWORK, INC.

Current Principal Place of Business:

13711 HICKORY RUN LANE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60983
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 22-3879629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITAR, GEORGE J III
1533 HENDRY ST., STE. 100
FT. MYERS, FL 33901

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: PD ( ) Delete
Name: VANBIBBER, LYNDA
Address: P.O. BOX 6216
City-St-Zip: FT. MYERS, FL 339116216

Title: VD ( ) Delete
Name: MURRAY, KATHLEEN D
Address: 13711 HICKORY RUN LANE
City-St-Zip: FT. MYERS, FL 33912

Title: SD ( ) Delete
Name: MACOMBER, DEAN
Address: 4291 CEDAR ST.
City-St-Zip: ST. JAMES CITY, FL 33956

Title: D ( ) Delete
Name: SCHWARTZEL, CHARLOTTE
Address: 3573 EDGEWOOD AVE.
City-St-Zip: FT. MYERS, FL 33916

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: KATHI MURRAY, VICE PRESIDENT VD 04/19/2004

Electronic Signature of Signing Officer or Director — Date