NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

the obligations of registered agent.

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # NO300 0000021 1. Entity Name WORLD CHILDREN RESCUE, = TNCORPGRATED	94-25-2007 90203 014 ****70.00
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.	SE 40081763 CR2E037B (8/05)
City & State City & State City & State	4. FEI Number 672469 Applied For Not Applicable
Zip Country Zip Could S 3 3 3 3 3 3 3 3 3 5 3	5. Certificate of Status Desired \$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent
Name JONATIAN HARDEN	
Street Address (P.O. Box Number is Not Acceptable)	
IN THIS SPACE	5200 N.W 18 + PLACE
2. The characteristic submits this statement for the purpose of changing its societies.	City FL Zip Code 3 32 3

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Initial or Amended AR Added to Fees OFFICERS AND DIRECTORS 10. TITLE TITLE PRES-DENT NAME ONILLAN HARDEN STREET ADDRESS STREET ADDRESS 200 N. W. (8-PILLE CITY-ST-ZIP CITY-ST-ZIP AUDERILEU TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered. E/-/1-07-954-471-7547