2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000004994

1. Entity Name
THE CHILDRENS FUTURE, INC.

FILED
05 OCT -4 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1828 KALURNA CT ORLANDO, FL 32806	1828 KALURNA CT ORLANDO, FL 32806

08242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1314 Lake Margaret Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State
Zip: 32806 Country: USA	Zip Country

4. FEI Number: 81-0617148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANONI, JOHN F 1828 KALURNA CT ORLANDO, FL 32806	Name: LUZADDER, KEN Street Address (P.O. Box Number is Not Acceptable): 1314 Lake Margaret Drive City: Orlando FL Zip Code: 32806

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANONI, JOHN F 1828 KALURNA CT ORLANDO, FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUZADDER, KEN 1314 LAKE MARGARET DRIVE ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINERT, PETER E 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32802	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEGEE, KAREN 4078 CONWAY PLACE CIRCLE ORLANDO, FL 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINTERKAMP, KAREN R 2310 LEU ROAD ORLANDO, FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Robert Neville 1905 Hotel Plaza Blvd. Lk. Buena Vista, FL. 32830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100060211811 10/04/05--01045--012 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JP 10/5	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/13/05 407.467.1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #