

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007298

FILED
Feb 28, 2006
Secretary of State

Entity Name: TREASURE THE CHILDREN, INC.

Current Principal Place of Business:

126 PONCE DE LEON
ROYAL PALM BCH, FL 33411

New Principal Place of Business:

Current Mailing Address:

126 PONCE DE LEON
ROYAL PALM BCH, FL 33411

New Mailing Address:

FEI Number: 56-2386701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COULE, BASIL J CPA
PO BOX 1991
OKEECHOBEE, FL 34973 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: PD () Delete
Name: BOWMAN, DANIELLE
Address: 126 PONCE DE LEON
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DV () Delete
Name: LAVOIE, ELLEN
Address: 153 WATERWAY
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: VSD () Delete
Name: FITZGERALD, SHIRLEY
Address: 2554 INISBROOK RD
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD () Delete
Name: COULE, BASIL J CPA
Address: PO BOX 1991
City-St-Zip: OKEECHOBEE, FL 34973

Title: D () Delete
Name: RANDOLPH, DOUGLAS
Address: 307 N O STREET APT 1
City-St-Zip: LAKE WORTH, FL 33460

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:

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 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: DANIELLE BOWMAN

PD

02/28/2006

Electronic Signature of Signing Officer or Director

Date