

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007298

FILED  
Jan 23, 2007  
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:

BOWMAN, DANIELLE PA  
1128-228 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL, FL 34973 US

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: DANIELLE BOWMAN

01/23/2007

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

01/23/2007

Electronic Signature of Signing Officer or Director

Date