

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 14, 2007  
Secretary of State**

DOCUMENT# N03000010583

Entity Name: THE CHILD-SUPPORT ENFORCEMENT FOUNDATION, INC.

**Current Principal Place of Business:**

1919 NORTH STATE ROAD 7  
SUITE 201A  
MARGATE, FL 33063 US

**New Principal Place of Business:**

1919 NORTH STATE ROAD 7  
SUITE 107  
MARGATE, FL 33063 US

**Current Mailing Address:**

1919 NORTH STATE ROAD 7  
SUITE 201A  
MARGATE, FL 33063 US

**New Mailing Address:**

1919 NORTH STATE ROAD 7  
SUITE 107  
MARGATE, FL 33063 US

FEI Number: 75-3140549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDONALD, PETE  
1919 NORTH STATE ROAD 7  
SUITE 201A  
MARGATE, FL 33063 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: D ( ) Delete  
Name: RUSIN, STEVE A  
Address: 5423 QUEENSHIP CT  
City-St-Zip: GREENACRES, FL 33463 US

Title: D ( ) Delete  
Name: MCDONALD, PETE W  
Address: 7546 NW 25TH STREET  
City-St-Zip: MARGATE, FL 33063 US

Title: D ( ) Delete  
Name: MCDONALD, DIANA-KAY E  
Address: 7546 NW 25 STREET  
City-St-Zip: MARGATE, FL 33063 US

Title: T ( ) Delete  
Name: MCDONALD, DIANE M  
Address: 1919 N. STATE ROAD 7 # 201A  
City-St-Zip: MARGATE, FL 33063 US

**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: T (X) Change ( ) Addition  
Name: MCDONALD, DIANE M  
Address: 1919 N. STATE ROAD 7 # 107  
City-St-Zip: MARGATE, FL 33063 US

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: STEVEN A. RUSIN

D

03/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date