

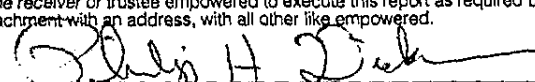


FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010835 1. Entity Name REMEMBER IT'S FOR THE CHILDREN, INC.			
Principal Place of Business 4701 N UNIVERSITY DR LAUDERHILL, FL 33351		Mailing Address P.O. BOX 771533 CORAL SPRINGS, FL 33077	
DO NOT WRITE IN THIS SPACE			
		04182005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 13-4259191	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKMAN, PHILIP 9896 NW 54TH PL CORAL SPRINGS, FL 33076		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U00000355298</div> <div>05/03/05-80141-018 61.25</div> DO NOT WRITE IN THIS SPACE	
TITLE DP NAME DICKMAN, PHILIP H STREET ADDRESS 9896 NW 54TH PL CITY-ST-ZIP CORAL SPRINGS, FL 33076			
TITLE DV NAME DICKMAN, DIANE STREET ADDRESS 9896 NW 54TH PL CITY-ST-ZIP CORAL SPRINGS, FL 33076			
TITLE TD NAME DONISH, DAVID STREET ADDRESS 2661 NW 123RD WAY CITY-ST-ZIP CORAL SPRINGS, FL 33065			
TITLE D NAME STERNSCHEIN, NATHAN STREET ADDRESS 7300 AMBERLY LN BLDG 30-101 CITY-ST-ZIP DELRAY BCH, FL 33446			
TITLE DS NAME BECKER, MAYRA STREET ADDRESS 1822 NW 97TH TERR CITY-ST-ZIP CORAL SPRINGS, FL 33071			
TITLE NAME 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 Block 11 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/29/05 954-742-3051	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	