
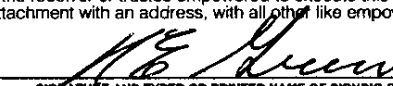


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90333 020 \*\*\*\*70.00

<b>DOCUMENT # N04000007090</b> 1. Entity Name <b>CHANGING DIRECTIONS 4 YOUTH &amp; FAMILIES, INC.</b>					
Principal Place of Business <b>1000 E. ATLANTIC BOULEVARD SUITE 201E POMPAÑO BEACH, FL 33060</b>			Mailing Address <b>1000 E. ATLANTIC BOULEVARD SUITE 201E POMPAÑO BEACH, FL 33060</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04272006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>14-1912494</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GREEN, NATHANIEL E 1000 E. ATLANTIC BLVD., SUITE 201E POMPAÑO BEACH, FL 33060</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>SWORN, SAMUEL</b> <b>1508 NW 3RD WAY</b> <b>POMPAÑO BEACH, FL 33060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>Patricia Davis</b> <b>2630 NW 13 Street</b> <b>Pompano Bch, FL 33060</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <b>PRICE, ERNESTINE</b> <b>1461 NW 3RD AVENUE</b> <b>POMPAÑO BEACH, FL 33060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Dr. J. Arenas-Chico</b> <b>303 SE 17 Street, 5th Floor</b> <b>Fort Lauderdale, FL 33316</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SANTIAGO, MARGO</b> <b>7071 MIRAMAR PARKWAY</b> <b>MIRAMAR, FL 33023</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Dr. Anita Davis-Deffe</b> <b>3800 Inverrary Blvd, Suite 400</b> <b>Lauderhill, FL 33319</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>GINGERICH, ROGER</b> <b>1000 E. ATLANTIC BLVD., SUITE 21</b> <b>POMPAÑO BEACH, FL 33060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PIPPITT, SUSAN</b> <b>4558 NW 51 COURT</b> <b>COCONUT CREEK, FL 33073</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GREEN, NATHANIEL E ESQ.</b> <b>1000 E ATLANTIC BLVD., SUITE 204</b> <b>POMPAÑO BEACH, FL 33060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			<b>4-27-06 954-946-2752</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		