

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


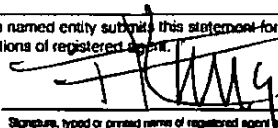
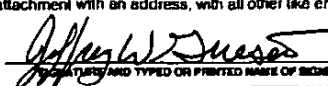
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N04000009074					
1. Entity Name CHILD RESCUE NETWORK, INC.					
Principal Place of Business 1517 E ROBINSON ST ORLANDO, FL 32801			Mailing Address 1517 E ROBINSON ST ORLANDO, FL 32801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANG, TOM 14 E WASHINGTON STE 600 ORLANDO, FL 32801				Name Tom Lang	
				Street Address (P.O. Box Number is Not Acceptable)	
				1000 Legion Place, Ste. 1700	
				City Orlando	
				FL	
				Zip Code 32801	
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  Tom Lang 4/14/05					
Signature, typed or printed name of registered agent and info if applicable. (NOTE: Registered Agent signature required when reappointing)					
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	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIESEMER, JEFFREY W		NAME	Roy R. Miller	
STREET ADDRESS	647 BIRGHAM PL		STREET ADDRESS	10774 SE Highway 212	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Clackamas, OR 97015	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLICKMAN, CHARLES W JR		NAME		
STREET ADDRESS	2102 SEKOLA LN		STREET ADDRESS		
CITY-ST-ZIP	SPRING, TX 77386		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, LEANNE B		NAME		
STREET ADDRESS	4907 WALDEN CIR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Jeffrey W. Griesemer-Pres. 4/14/05 407 414-7264					
Signature and typed or printed name of signing officer or director					