2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009074

Entity Name: CHILD RESCUE NETWORK, INC.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1517 E ROBINSON ST ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

1517 E ROBINSON ST ORLANDO, FL 32801

FEI Number: 20-1687271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LANG, TOM 1000 LEGION PLACE, STE 1700 ORLANDO, FL 32801 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:

Name: Address:

City-St-Zip:

Fleshania Cianahana of Davistana d Anarah

Electronic Signature of Registered Agent

() Delete

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRIESEMER, JEFFREY ()

GRIESEMER, JEFFREY W
647 BIRGHAM PL
LAKE MARY, FL 32746

Name: GRIESEMER, JEFFREY W
Address: 950 ROLLINGWOOD LOOP #104
City-St-Zip: CASSELBERRY, FL 32707 US

Title: Title: (X) Change () Addition () Delete Name: CLICKMAN, CHARLES W JR Name: CLICKMAN, CHARLES W JR Address: 222 LITTLE LAKES ROAD Address: 222 LITTLE LAKES ROAD City-St-Zip: RICHFIELD SPRINGS, NY 13439 City-St-Zip: RICHFIELD SPRINGS, NY 13439 US

Title: D () Delete Title: D (X) Change () Addition

Name:SHAW, LEANNE BName:SHAW, LEANNE BAddress:4907 WALDEN CIRAddress:10454 WISCANE AVECity-St-Zip:ORLANDO, FL 32819City-St-Zip:ORLANDO, FL 32836 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: JEFFREY W. GRIESEMER D 04/17/2007