2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011252

DT

SAHNGER, JAMES

() Delete

3727 S.E. OCEAN BLVD., SUITE 202

SEWALLS POINT, FL 34996

Title:

Name:

Address:

City-St-Zip:

Entity Names CLARITIES FOR CLUI DREN

FILED Jul 11, 2006 Secretary of State

Entity Nai	me: CHARITIES FOR CHILDREN, INC.			
Current Principal Place of Business:		New Principal Place	of Business:	
825 PARK JUPITER,	WAY PLAZA, SUITE 7 FL 33477			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
825 PARK JUPITER,	WAY PLAZA, SUITE 7 FL 33477			
In accordan	: 20-1971193 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not		Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
SUITE 500	AGLER DRIVE			
	named entity submits this statement for the pue of Florida.	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete TOMSON, ROBERT 825 PARKWAY PLAZA, SUITE 7 JUPITER, FL 33477	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BILL, CHANDRA 1100 BANYAN BLVD. WEST PALM BEACH, FL 33401	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () Delete HYLAND, WILLIAM 777 S. FLAGLER DR. SUITE 500 EAST WEST PALM BEACH, FL 33401	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MAYES, TOMMY 3601 PGA BLVD., SUITE 200 PALM BEACH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT TOMSON DP 07/11/2006

() Change () Addition