2006 NOT-FOR-PROFIT CORPORATION

Jun 06, 2006 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # N05000005998 1. Entity Name 06-06-2006 90014 007 ****61.25 UNITED CHRISTIAN CHILDRENS FUND INC. Principal Place of Business Mailing Address 252 SAXONY COURT WINTER SPRINGS FL 32708 252 SAXONY COURT WINTER SPRINGS FL 32708 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 4. FEI Number 59-3248023 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIVEY, BERNARD D DR. Street Address (P.O. Box Number is Not Acceptable) 252 ŚAXONY COURT WINTER SPRINGS FL 32708 Zip Code 8. The above named entity submits this statement of 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 DR BERNAND D. HZY Agent. 5-30-06 (NOTE: Registered Agent signature regioned when mostaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRES. DOREEN IVEY Change Addition 252 SAKONYCH DIRECTOR ☐ Delete STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-7IP SEC . KARREN OF THE TITLE ☐ Delete TITLE 252 SAXONYCT NAME NAME WINTER SPRINGS FL 32708 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TRES. JOLISOBOM TITLE Addition ☐ Delete THEF ☐ Change 252 SAYONG CT DIRECT WINTER SPRINGS FL 32 108 NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP CHAIRMAN OF THE BOARD TITLE ☐ Delete TITLE ☐ Change ■ Addition DR. BERNAND PHEY DIRECTOR NAME NAME 257 SAYONY CT WINTER SPRINGS FL 32708 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7F TITLE Delete ☐ Chaone ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

Pees

5-30-06 407-695-1100

FILED