2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2007
Secretary of State

DOCUMENT# N05000006349

Entity Name: CHILDREN OFF THE STREETS INC.

Current Principal Place of Business:

13842 MARINE DR
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

13842 MARINE DR
ORLANDO, FL 32832

New Mailing Address:

FEI Number: 20-2884544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORREGROSSA, TRACY
13842 MARINE DR
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: TORREGROSSA-BRANDT, TRACY
Address: 13842 MARINE DR
City-St-Zip: ORLANDO, FL 32832

Title: DV ( ) Delete
Name: BRANDT, THOMAS
Address: 13842 MARINE DR
City-St-Zip: ORLANDO, FL 32832

Title: DT ( ) Delete
Name: CICHRA, SHELIA
Address: 13936 MARINE DR
City-St-Zip: ORLANDO, FL 32832

Title: D ( ) Delete
Name: TORREGROSSA, LEE
Address: 525 CLAYTON ST
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete
Name: KEARNS, JADA
Address: 1590 WARRINGTON ST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: CICHRA, ALBERT
Address: 13936 MARINE DR
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TRACY TORREGROSSA DIR 02/04/2007
Electronic Signature of Signing Officer or Director — Date