



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90484 027 \*\*\*\*61.25

<b>DOCUMENT # N05000012675</b> 1. Entity Name <b>TABITHA INTERNATIONAL CHILDREN COMPASSION, INC.</b>					
Principal Place of Business <b>1550 NORTH FEDERAL HWY UNIT 8 BOYNTON BEACH, FL 33435</b>				Mailing Address <b>3555 HARLOWE AVENUE BOYNTON BEACH, FL 33436</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>12157 Colony Preserve Dr</b>  Suite, Apt. #, etc.			
City & State <b>Boynton Beach, Florida</b>		City & State <b>Boynton Beach, Florida</b>		4. FEI Number <b>05-1234897</b>	
Zip <b>33436</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DERILUS, OSIAS REV. 3555 HARLOWE AVENUE BOYNTON BEACH, FL 33436</b>				7. Name and Address of New Registered Agent Name <b>DERILUS, OSIAS REV.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12157 Colony Preserve Drive</b>  City <b>BOYNTON BEACH</b> <b>FL</b> <b>33436</b>	
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 <u><i>Osias Derilus</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DERILUS, OSIAS REV. 3555 HARLOWE AVENUE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DORSAINVIL, GESIUS REV. 101 SOUTHERN CROSS LN, BUILDING 5 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DERILUS, MYRTHO MRS. 3555 HARLOWE AVENUE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COMPANS, CHAM S MRS. 1058 MANOR DRIVE LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, GUIMSON 711 NORTH 7TH STREET LANTANA, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DERILUS, OSIAS REV. 12157 COLONY PRESERVE DRIVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DERILUS, MYRTHO MRS. 12157 COLONY PRESERVE DRIVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COMPANS, CHAM S MRS. 1058 MANOR DRIVE LAKE WORTH, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, GUIMSON 711 NORTH 7TH STREET LANTANA, FL 33462	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, GUIMSON 711 NORTH 7TH STREET LANTANA, FL 33462	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>Osias Derilus</i></u> <b>04-24-2006</b> <b>561-499-8480</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					