

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000994

Entity Name: A CHILD'S HORIZON, INC.

FILED
May 23, 2008
Secretary of State

Current Principal Place of Business:

1600 GOVERNOR'S DR
#915
PENSACOLA, FL 32514

New Principal Place of Business:

211 W ROMANA
PENSACOLA, FL 32502

Current Mailing Address:

P.O. BOX 20072
PENSACOLA, FL 32524

New Mailing Address:

211 W ROMANA
PENSACOLA, FL 32502

FEI Number: 74-3161030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MURRAY, AUDRA
1600 GOVERNOR'S DR
#915
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

RUSSELL, AUDRA
211 W ROMANA
PENSACOLA, FL 32502 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: AUDRA A RUSSELL

05/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOKKE, STEVE
Address: 54 BRADFORD AVE
City-St-Zip: MOBILE, AL 36604

Title: D () Delete
Name: MURRAY, AUDRA
Address: 1600 GOVERNOR'S DR #915
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: SOTO, DOMINGO
Address: 465 DAUPHIN ST
City-St-Zip: MOBILE, AL 36602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: RUSSELL, AUDRA
Address: 211 W ROMANA
City-St-Zip: PENSACOLA, FL 32502

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

I hereby certify that the information supplied with this filing does not qualify 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: AUDRA A RUSSELL

D

05/23/2008

Electronic Signature of Signing Officer or Director

Date