

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002063

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** COMPUTERS HELPING CHILDREN GROW, INC.

**Current Principal Place of Business:**

4185 W LAKE MARY BLVD #159  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

4185 W LAKE MARY BLVD #159  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

**Name and Address of New Registered Agent:**

ALLEN, DAVID  
141 KELSO COURT  
LAKE MARY, FL 32746 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALLEN, DAVID  
Address: 141 KELSO COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: ALLEN, RITA  
Address: 141 KELSO COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: RIOS, CYNTHIA  
Address: 16037 CORNER LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32820

Title: D ( ) Delete  
Name: VALENTIN, JOSE  
Address: 3295 KIRBY DRIVE  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete  
Name: SPRINGER, FRANCIS  
Address: PUERTO PLATA BEACH APT 1822, PUERTO PLATA  
City-St-Zip: DOMINICAN REPUBLIC,

Title: D ( ) Delete  
Name: LAROCCA, STEPHEN  
Address: 2100 TURNBERRY DRIVE  
City-St-Zip: OVIEDO, FL 32765

**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 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: DAVID PAUL ALLEN

PRES

07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date