

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005161

FILED
Apr 30, 2008
Secretary of State

Entity Name: CHILDS CRY FOR HELP, INC.

Current Principal Place of Business:

835 SE CARNIVAL AVENUE
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

835 SE CARNIVAL AVENUE
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 68-0629106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, JODI
835 SE CARNIVAL AVENUE
PORT ST. LUCIE, FL 34983 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: PD () Delete
Name: WALSH, JODI
Address: 835 SE CARNIVAL AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: D () Delete
Name: LAZISKY, RONALD
Address: 394 MAIN STREET
City-St-Zip: SANDOWN, NH 03873 US

Title: D () Delete
Name: READ, JOANN
Address: 11160 49TH ST
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: D () Delete
Name: TELLIER, DARLENE
Address: 1695 N BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: D () Delete
Name: CLARKE, IDELLE
Address: 72 20TH
City-St-Zip: SAN PEDRO, CA 90731 US

Title: D () Delete
Name: CAPEN, KIM
Address: 2441 LOOKOUT BLVD
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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: JODI WALSH

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date