


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000009111</b> 1. Entity Name CHILD PROTECTION COALITION, INC.	
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Principal Place of Business 8275 W. BRADSHAW ST. HOMOSASSA, FL 34448	Mailing Address 8275 W. BRADSHAW ST. HOMOSASSA, FL 34448
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<b>DO NOT WRITE IN THIS SPACE</b>
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04012008 No Chg-NP CR2E037 (4/08)

4. FEI Number 20-3501742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DAWSON, JOSEPH H. 8275 W. BRADSHAW ST. HOMOSASSA, FL 34448
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000879502 04/15/08-80023-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWSON, JOSEPH H. 8275 W. BRADSHAW ST. HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCULLOUGH, RUSS 19200 VON KARMAN AVE., STE. 400 IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, JOHN 3626 S. LEAVITT CHICAGO, IL 60609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUDLA, JONATHAN 19200 VAN KARMAN AVE., STE. 400 IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAWSON, MARLENE F 8275 W. BRADSHAW STREET HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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>Joseph H. Dawson</u>	<u>April 2, 2008</u>	<u>352-621-4653</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>