2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007
Secretary of State

DOCUMENT# N06000011662

Entity Name: AUNTIE ROZ CHILDREN'S WORKSHOP, INC.

Current Principal Place of Business:

4432 ROTH DR.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

4432 ROTH DR.
JACKSONVILLE, FL 32209

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:

BACHNER, HAROLD
8834 GOODBY'S EXECUTIVE DR.
JACKSONVILLE, FL 32217 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:	D	( ) Delete
Name:	BACHNER, HAROLD	
Address:	4432 ROTH DR.	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	GRANGER, LILLIE	
Address:	4432 ROTH DR.	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	WILLIAMS, MARILYN W.	
Address:	4432 ROTH DR.	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	PARSON, DEBORAH	
Address:	4432 ROTH DR.	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	PRICE, KEVIN	
Address:	4432 ROTH DR.	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	BROWN, CORRINE	
Address:	4432 ROTH DR.	
City-St-Zip:	JACKSONVILLE, FL 32209	

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: ROSLYN BURROUGH P 08/24/2007

Electronic Signature of Signing Officer or Director — Date