

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012731

FILED
Feb 07, 2007
Secretary of State

Entity Name: CARING FOR CHILDREN, INC.

Current Principal Place of Business:

10454 WISCANE AVENUE
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

10454 WISCANE AVENUE
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 20-5895805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, LEANNE
10454 WISCANE AVENUE
ORLANDO, FL 32836 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: PCEO () Delete
Name: SHAW, LEANNE
Address: 10454 WISCANE AVENUE
City-St-Zip: ORLANDO, FL 32836

Title: S () Delete
Name: HAYES, JUDITH
Address: P.O. BOX 110
City-St-Zip: SOUTH PARIS, MA 04281

Title: T () Delete
Name: BUMPUS, ALICIA
Address: 386 BONNY EAGLE ROAD
City-St-Zip: HOLLIS CENTER, MA 04042

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEANNE SHAW

PCEO

02/07/2007

Electronic Signature of Signing Officer or Director

Date