

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06588

FILED  
May 01, 2008  
Secretary of State

Entity Name: 4 CHILDREN'S S.A.K.E., INC.

## Current Principal Place of Business:

2400 E. LAS OLAS BLVD  
PMB 126  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

4850 NE 13TH AVENUE  
OAKLAND PARK, FL 33334

## Current Mailing Address:

2400 E. LAS OLAS BLVD  
PMB 126  
FT. LAUDERDALE, FL 33301 US

## New Mailing Address:

4850 NE 13TH AVENUE  
OAKLAND PARK, FL 33334

FEI Number: 65-0016252      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

SHOEMAKER, WILLIAM E.  
2400 E. LAS OLAS BLVD  
PMB 126  
FT. LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

SHOEMAKER, WILLIAM E  
4850 NE 13TH AVENUE  
OAKLAND PARK, FL 33334 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: WILLIAM E. SHOEMAKER

05/01/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GARRET, JOAN  
Address: 4629 POINCIANA STREET #302  
City-St-Zip: LBTs, FL 33308

Title: TD ( ) Delete  
Name: JANET RIHL,  
Address: 3389 COCOPLUM CIR  
City-St-Zip: COCONUT CREEK, FL 33063

Title: PD ( ) Delete  
Name: SHOEMAKER, WILLIAM  
Address: 4850 NE 13TH AVENUE  
City-St-Zip: OAKLAND PARK, FL 33334

Title: VP ( ) Delete  
Name: HALEY, BARBARA L  
Address: 8002 SW 5TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition  
Name: RIHL, JANET  
Address: 3389 COCOPLUM CIR  
City-St-Zip: COCONUT CREEK, FL 33063

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: WILLIAM E. SHOEMAKER

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date