

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90039 012 ****61.25

DOCUMENT # N07000003634 1. Entity Name INTERNATIONAL CHILDREN AIDE REACHING EVERYONE INC.			
Principal Place of Business 10883 NW 8TH STREET PEMBROKE PINES, FL 33026		Mailing Address 10883 NW 8TH STREET PEMBROKE PINES, FL 33026	
2. Principal Place of Business - No P.O. Box # 10126 NW 33 Street Suite, Apt. #, etc.		3. Mailing Address 10126 NW 33 Street Suite, Apt. #, etc.	
City & State Coral Springs, FL Zip 33065		City & State Coral Springs Zip 33065	
Country Broward		Country Broward	
4. FEI Number 02-0796326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUMOND, EARTHA 10883 NW 8TH STREET PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name Eartha Dumond Street Address (P.O. Box Number is Not Acceptable) 10126 NW 33 Street City Coral Springs FL Zip Code 33065	
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 Eartha Dumond DATE 04/02/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUMOND, EARTHA 10883 NW 8TH STREET PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONESTIME, MARLINE 3461 SW 2ND AVE APT 144 GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, ROOSEVELT 20130 NE3 CT #7 MIAMI, FL 33179	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINT-SURIN, WENDY 5371 SW 130 TERR MIRAMAR, FL 33027	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGUERRE, EUGENIE 3816 E LACE STREET MIRAMAR, FL 33023	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marie Judith Pierre 14153 SW 52 Street Miramar, FL 33027	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.			
SIGNATURE: Eartha Dumond - Eartha Dumond		Date 954-479-2464 Daytime Phone #	