

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003634

FILED
May 06, 2009
Secretary of State

Entity Name: INTERNATIONAL CHILDREN AIDE REACHING EVERYONE INC.

Current Principal Place of Business:

10126 NW 33 STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

501 NW 141ST AVENUE
BLDG 9 APT 305
PEMBROKE PINES, FL 33026

Current Mailing Address:

10126 NW 33 STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

501 NW 141ST AVENUE
BLDG 9 APT 305
PEMBROKE PINES, FL 33026

FEI Number: 02-0796326 **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:

DUMOND, EARTHA
10126 NW 33 STREET
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

DUMOND, EARTHA
501 NW 141ST AVENUE
BLDG 9 APT 305
PEMBROKE PINES, FL 33028 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: EARTHA DUMOND

05/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUMOND, EARTHA
Address: 10883 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: MONESTIME, MARLINE
Address: 13805 NW 3 AVE
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: VINCENT, ROOSEVELT
Address: 20130 NE3 CT #7
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SAINT-SURIN, WENDY
Address: 13802 85TH ROAD NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP () Delete
Name: LAGUERRE, EUGENIE
Address: 3816 E LACE STREET
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: PIERRE, MARIE J
Address: 14153 SW 52 STREET
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUMOND, EARTHA
Address: 501 NW 141ST AVENUE BLDG 9 APT 305
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

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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: EARTHA DUMOND

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

Date