2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# N07000004995

Entity Name: INSTITUTE FOR CHILDREN, FAMILIES AND JUSTICE INC.

Current Principal Place of Business:

1835 E HALLANDALE BEACH BLVD
387
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1835 E HALLANDALE BEACH BLVD
387
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 26-0250042 **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:

SOLOMON, SHELLIE E
1835 E HALLANDALE BEACH BLVD
387
HALLANDALE BEACH, FL 33009 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: SOLOMON, SHELLIE E
Address: 1835 E HALLANDALE BEACH BLVD - # 387
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D ( ) Delete
Name: UHIDA, CRAIG
Address: 15134 DEER VALLEY TERRACE
City-St-Zip: SILVER SPRING, MD 20906

Title: D ( ) Delete
Name: WELLS, MIKE
Address: 76 EL MOLINO DR
City-St-Zip: CLAYTON, CA 94517

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SOLOMON, SHELLIE E
Address: 1835 E HALLANDALE BEACH BLVD - # 387
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V P (X) Change ( ) Addition
Name: UCHIDA, CRAIG
Address: 15134 DEER VALLEY TERRACE
City-St-Zip: SILVER SPRING, MD 20906

Title: SECL (X) Change ( ) Addition
Name: WELLS, MIKE
Address: 76 EL MOLINO DR
City-St-Zip: CLAYTON, CA 94517

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: SHELLIE E. SOLOMON PRES 07/11/2008

Electronic Signature of Signing Officer or Director — Date