

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005102

FILED
May 14, 2008
Secretary of State

Entity Name: CHILDREN ACROSS BORDERS, INC.

Current Principal Place of Business:

830 S. WILLOW AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

830 S. WILLOW AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 26-2601630 **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:

SETH, SHARMILA
830 S. WILLOW AVENUE
TAMPA, FL 33606 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: SETH, SHARMILA
Address: 830 S. WILLOW AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: INNGANTI, SHEELA M
Address: 16 HEADLAND DRIVE
City-St-Zip: RANCHO PALOS VERDES, CA 90275

Title: D () Delete
Name: PLACE, SU L
Address: 718 S. ORLEANS AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: DELUCA, HELENE
Address: 249 E. 48TH STREET #10 H
City-St-Zip: NEW YORK, NY 10017

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SETH, SHARMILA
Address: 830 S. WILLOW AVENUE
City-St-Zip: TAMPA, FL 33606

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

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

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

Title: D () Change (X) Addition
Name: SETH, VIVEK
Address: 830 S. WILLOW AVENUE
City-St-Zip: TAMPA, FL 33606

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: SHARMILA SETH

P

05/14/2008

Electronic Signature of Signing Officer or Director

Date