2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N07000009077

Entity Name: ABC CHILDREN'S AID USA, INC.

Current Principal Place of Business:

7148 CURRY FORD ROAD
SUITE 100
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

7148 CURRY FORD ROAD
SUITE 100
ORLANDO, FL 32822

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORIEL-COMENENCIA, NEMA C
7148 CURRY FORD ROAD
SUITE 100
ORLANDO, FL 32822 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:	P	( ) Delete
Name:	ORIEL-COMENENCIA, NEMA C	
Address:	7148 CURRY FORD ROAD SUITE 100	
City-St-Zip:	ORLANDO, FL 32822	
Title:	VP	( ) Delete
Name:	SILVER, BETH	
Address:	8916 ANGELICA DRIVE	
City-St-Zip:	ORLANDO, FL 32836	
Title:	SEC	( ) Delete
Name:	ROTH, ROSEMARIE	
Address:	15326 GRAND HAVEN DR	
City-St-Zip:	CLERMONT, FL 34714	
Title:	COO	( ) Delete
Name:	JACKSON, EULALIA B	
Address:	4550 OAKCREEK ST #202	
City-St-Zip:	ORLANDO, FL 32835	
Title:	PR	( ) Delete
Name:	BUCHANAN, EVELYN V	
Address:	432 LA PAZ DRIVE	
City-St-Zip:	KISSIMMEE, FL 34743	
Title:	T	( ) Delete
Name:	TORRES, RESTY	
Address:	9780 WILD OAK DR	
City-St-Zip:	WINDERMERE, FL 34786	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC	(X) Change ( ) Addition
Name:	MAYNITE, LESLIE	
Address:	2841 WINDSOR HILL DRIVE	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	COO	(X) Change ( ) Addition
Name:	FORNIER, REEZA	
Address:	4550 OAKCREEK ST #202	
City-St-Zip:	ORLANDO, FL 32835	
Title:	TREA	(X) Change ( ) Addition
Name:	JONES, MARYANN	
Address:	2267 LAUREL BLOSSOM CIRCLE	
City-St-Zip:	OCOEE, FL 34761	
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: NEMA ORIEL COMENENCIA PRES 04/22/2008

Electronic Signature of Signing Officer or Director — Date