2008 NOT-FOR-PROFIT CORPORATION

FILED Jul 24, 2008 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # N07000010180 07-24-2008 90015 045 ****61.25 1. Entity Name SAVE THE CHILDREN, INC. 4 Principal Place of Business Mailing Address 2610 MARINA BAY DR EAST BLDG 5 #102 PO BOX 350124 FT LAUDERDALE, FL 33335 FT LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132008 CR2E037 (12/06) City & State City & State 4. FÉI Number Applied For 26-Not Applicable Zin Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATTAGLIA, MICHAEL 2610 MARINA BAY DR EAST BLDG 5 #102 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 33312 City Zip Code 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 Rorida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. P TITLE ☐ Delete TITLE ☐ Change ☐ Addition BATTAGLIA, MICHAEL NAME NAME 2610 MARINA BAY DR EAST BLDG 5 #102 STREET ADDRESS STREET ADORESS CITY-ST-ZIP FT LAUDERDALE, FL 33312 CITY-ST-ZIP S TITLE Delete TULE Change ☐ Addition PATTERSON, THERESA NAME NAME STREET ADDRESS 1325 DEACIB RD STREET ADDRESS CITY-ST-ZIP HAINES PORT, NJ 08086 CITY-ST-ZIP Change D TITLE ☐ Delete TIT! F ☐ Addition SMITH, TAYLOR LIPUT, TAYLOR NAME NAME STREET ADDRESS 2857 SW 1.1TH PLACE STREET ADDRESS BHE GOT MARRIED DEREFIELD, FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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. tioo SIGNATURE: NG OFFICER OR DIRECTOR Davtime Phone #