


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90187 032 ****61.25

DOCUMENT # N07062		
1. Entity Name FRIENDS OF ABUSED CHILDREN, INC.		

Principal Place of Business 222 LAKEVIEW AVE 160-209 WEST PALM BEACH, FL 33401	Mailing Address 222 LAKEVIEW AVE 160-209 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40068033



04072007 Chg-NP CR2E037 (12/03)

4. FEI Number 59-2487590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUDOPH, HOWARD 505 S. FLAGLER DR. STE 1331 WEST PALM BEACH, FL 33401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIDOLFO, PHILLIP T <input checked="" type="checkbox"/> Delete 2533 COAKLEY POINT WEST PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS, JANICE - PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9294 SE COVE PT ST. TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JANICE <input type="checkbox"/> Delete 9294 SE COVE POINT STREET TEQUESTA, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STANLEY KLETT, SR, ESQ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 109 ARROWHEAD CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANN, AL <input type="checkbox"/> Delete 3264 COVE RD TEQUESTA, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:	<i>AL MANN</i> TREASURER - AL MANN 4/15/07 561 695 500	Date	Daytime Phone #
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