2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCLIMENT# N08000010441

FILED Sep 23, 2009 Secretary of State

DOCON	1EN 1# N00000010441		Secretary of State	
Entity Nai	me: CHILDREN CHARITY NETWORK, I	NC.		
Current Principal Place of Business:		New Principal Place o	of Business:	
APT 202	IERMAN CIRCLE , FL 33025			
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
APT 202	IERMAN CIRCLE , FL 33025			
FEI Number In accordan	: FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation di		Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent	: Name and Address of	New Registered Agent:	
2300 N SH APT 202 MIRAMAR	., AUDREY HERMAN CIRCLE , FL 33025 US			
	named entity submits this statement for t e of Florida.	he purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MITCHELL, AUDREY 2300 N SHERMAN CIRCLE APT 202, FL 33025	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete UGWU, OKECHUKWU 6355 WINDY RIDGE WAY LITHONIA, GA 30058	Title: (Name: Address: City-St-Zip:	() Change () Addition	

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: AUDREY MITCHELL P 09/23/2009