

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90017 013 ****61.25

DOCUMENT # N31343

1. Entity Name
 S.E.D. CHILDREN'S FUND, INC.



Principal Place of Business
 238 N.E. 1ST AVENUE
 DELRAY BEACH, FL 33444 US

Mailing Address
 238 N.E. 1ST AVENUE
 DELRAY BEACH, FL 33444 US

40098288



DO NOT WRITE IN THIS SPACE

07052006 No Chg-NP CR2E037 (4/06)

4. FEI Number
 65-0165586

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS-JAEGER, CAROLYN
 215 PHIPPS PLAZA
 PALM BEACH, FL 33480

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DEA, RICHARD F. 238 N.E. 1ST AVENUE DELRAY BEACH, FL 33444 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DIETZ-FOX, GERALDINE 215 PHIPPS PLAZA PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JENKINS-JAEGER, CAROLYN 215 PHIPPS PLAZA PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: Richard DEA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2006 561-279-8200
Date Daytime Phone #