


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90037 006 ****61.25

DOCUMENT # N43460		
1. Entity Name VOICE FOR FLORIDA KEYS CHILDREN, INCORPORATED		
Principal Place of Business 97652 OVERSEAS HWY 160 INDIAN MOUND TRAIL TAVERNIER FL 33070 US APT T12 KEY LARGO FL 33037	Mailing Address 97652 OVERSEAS HWY 160 INDIAN MOUND TRAIL TAVERNIER FL 33070 US APT T12 KEY LARGO FL 33037	



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65-0305892 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/04)			
6. Name and Address of Current Registered Agent RUSHING, RITA 160 INDIAN MOUND TRAIL TAVERNIER FL 33070 CHRISTINE/CHILDREE 97652 OVERSEAS HWY APT T12 KEY LARGO FL 33037			7. Name and Address of New Registered Agent Name CHRISTINE CHILDREE Street Address (P.O. Box Number is Not Acceptable) 97652 OVERSEAS HWY APT T12 City Key Largo FL Zip Code 33037		
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 <u>Christine C Childree</u> CHRISTINE C CHILDREE 4-3-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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	TD RUSHING, RITA 160 INDIAN MOUND TRAIL TAVERNIER FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHRISTINE CHILDREE 97652 OVERSEAS HWY APT T12 KEY LARGO FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LANG, CLAIRE BOX 1176 ISLAMORADA FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDI SAYLOR 79901 OVERSEAS HWY ISLAMORADA FL 33036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORET, SUE PO BOX 1757 ISLAMORADA FL 33036 <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
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 exemption stated in Section 119.07(3)(i), 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: Christine C Childree **CHRISTINE C CHILDREE** 4-7-05 305 853-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #