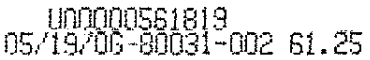


FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N47277 1. Entity Name FAMILIES IN NEED, INC.			
Principal Place of Business 2731 SW 11 CT FT LAUDERDALE, FL 33312		Mailing Address 2731 SW 11 CT FT LAUDERDALE, FL 33312	
DO NOT WRITE IN THIS SPACE			
		02152006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number NOT APPLICABLE	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOYER, MICHAEL 2731 SW 11 CT FT LAUDERDALE, FL 33312		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYER, MICHAEL 2731 SW 11TH CT FT LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ARMANDO 2731 S.W. 11TH CT. FT. LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRAY, EILEEN 2833 SW 4TH CT FORT LAUDERDALE, FL 33312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <u>Michael Hoyer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MICHAEL HOYER 4/28/06 Date Daytime Phone #	