


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90040 031 \*\*\*\*61.25

<b>DOCUMENT # N49229</b> 1. Entity Name ADOPTION PLACEMENT, INC.	
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Principal Place of Business 1840 NORTH PINE ISLAND ROAD PLANTATION, FL 33322 US	Mailing Address 1840 NORTH PINE ISLAND ROAD PLANTATION, FL 33322 US
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01212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0326941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  SCHERER, MARY ANN 1840 N PINE ISLAND RD PLANTATION, FL 33322	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	P/D FISHMAN, ALAN 2301 WEST SAMPLE ROAD BLDG.4#1A POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, LEWIS 9836 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CESTARIC, ROBERTA 21578 ALTAMIRA AVENUE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ZANN, KAREN 1323 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIEVE, DENNIS 13411 S.W. 16TH COURT DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**

*Charles Maglione*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05  
Date

954-474  
8424  
Daytime Phone #