2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# N49229

Entity Name: ADOPTION PLACEMENT, INC.

Current Principal Place of Business:

1840 NORTH PINE ISLAND ROAD
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

1840 NORTH PINE ISLAND ROAD
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 65-0326941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUSCHEL, ROBERT M
615 PAULA AVE.
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	FISHMAN, ALAN	
Address:	2301 WEST SAMPLE ROAD BLDG.4#1A	
City-St-Zip:	POMPANO BEACH, FL 33073	
Title:	D	(X) Delete
Name:	ANDREWS, LEWIS	
Address:	9836 WEST SAMPLE ROAD	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	VP/D	(X) Delete
Name:	CESTARIC, ROBERTA	
Address:	21578 ALTAMIRA AVENUE	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	S/D	(X) Delete
Name:	ZANN, KAREN	
Address:	1323 S.E. 3RD AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	D	(X) Delete
Name:	STIEVE, DENNIS	
Address:	13411 S.W. 16TH COURT	
City-St-Zip:	DAVIE, FL 33325	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	KUSCHEL, ROBERT	
Address:	615 PAULA AVE	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN FISHMAN D 05/19/2006
Electronic Signature of Signing Officer or Director — Date