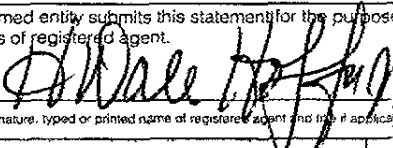
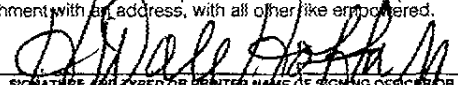


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000000947 1. Entity Name CHILDREN'S EMERGENCY RESOURCES, INC.					
Principal Place of Business P.O. BOX 2623 STUART FL 34995-2623 US			Mailing Address P.O. BOX 2623 STUART FL 34995-2623 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3154837	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HOFFA, DALE H 2010 S.W. OLYMPIC CLUB TERR PALM CITY FL 34990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 2-11-04	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOFFA, DALE 2010 S.W. OLYMPIC CLUB TERR PALM CITY FL 34990 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOODMAN, JOAN 6521 SE CLAIRMONT PLACE HOBE SOUND FL 33455 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WHEELER, MIRIAM 9900 S. OCEAN., #13 JENSEN BEACH FL 34957 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HART, JAMES W 1803 SE KILLEAN CT PORT SAINT LUCIE FL 34952 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000053401 02/16/04-80127-010 70.00				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  **2-11-04**