2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005806

FILED Feb 16, 2007 Secretary of State

Entity Name: THE CHILDREN'S PLACE AT HOME SAFE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2840 SIXTH AVENUE SOUTH LAKE WORTH, FL 33461 **Current Mailing Address: New Mailing Address:** 2840 SIXTH AVENUE SOUTH LAKE WORTH, FL 33461 US FEI Number: 65-0462950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROONEY, THOMAS J LADIKA, MATTHEW 2840 SIXTH AVENUE SOUTH 2840 SIXTH AVENUE SOUTH LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 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: MATTHEW LADIKA 02/16/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GOLDSMITH, SUZI Name: Name: 50 AUDOBON CAUSEWAY Address: Address: City-St-Zip: MANALAPAN, FL 33462 City-St-Zip: Title: Title: () Delete () Change () Addition MALFITANO, JAYNE Name: Name: Address: 2323 ARECA PALM ROAD Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: (X) Change () Addition CUNNINGHAM, P. RODNEY AUGUSTUS, TIMOLIN Name: Name: 1450 NW 1ST AVENUE **6217 NW 23RD DRIVE** Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33434 Title: () Delete Title: (X) Change () Addition Name: PICOW, ROBERT Name: FIORE, MOIRA 7534 ISLA VERDE WAY 150 CANTERBURY LANE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: PALM BEACH, FL 33480 Title: () Delete Title: (X) Change () Addition DON, STEPHANIE Name: Name: ZIV, SY 17837 FIELDBROOK CIRCLE W 150 BRADLEY PLACE, ALBA SUITE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: PALM BEACH, FL 33480 Title: () Delete Title: () Change () Addition BERNSTEIN, STEVE Name: Name: Address: 5900 BROKEN SOUND PKWY NW Address: BOCA RATON, FL 33487 City-St-Zip: 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: STEVE BERNSTEIN P 02/16/2007