2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 01, 2008 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: LADIKA, MATTHEW 2840 SIXTH AVENUE SOUTH 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NICHOLS, MIKE GOLDSMITH, SUZI Name: Name: 50 AUDOBON CAUSEWAY Address: 961 BUTTERNUT TERRACE Address: City-St-Zip: MANALAPAN, FL 33462 City-St-Zip: BOCA RATON, FL 33486 Title: Title: (X) Change () Addition () Delete MALFITANO, JAYNE Name: MONROE, JAMES GENERAL Name: Address: 2323 ARECA PALM ROAD Address: 12600 NW 65TH DRIVE City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: PARKLAND, FL 33076 Title: () Delete Title: (X) Change () Addition AUGUSTUS, TIMOLIN COPENHAVER, CHERIE Name: Name: 6217 NW 23RD DRIVE 961 HILLSBORO MILE Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: HILLSBORO, FL 33062 Title: Title: () Delete (X) Change () Addition MARTIN, IRA Name: FIORE, MOIRA Name: 150 CANTERBURY LANE 950 PENINSULA CORP. CIRCLE #200 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: BOCA RATON, FL 33487 Title: () Delete Title: (X) Change () Addition LAYMAN, DAVID M Name: ZIV, SY Name: 150 BRADLEY PLACE, ALBA SUITE 777 S FLAGLER DR #301E Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: WEST PALM BEACH, FL 33401 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 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 04/01/2008