

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

EPDVNFUT\$ N94000000492 2/ Entity Name OUR SMALL CHILDREN AT RISK FOUNDATION, INC.	
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Principal Place of Business 35645 TSI 55 TVLJF4 TPSSFCUP!QM43887!!!!!!VT	Mailing Address 35645 TSI 55 TVLJF4 TPSSFCUP!QM43887!!!!!!VT
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EP OPU X SJF JO UI JT TQ BDF



03172006 Op/Di h.OQ DS3F148 Y22016*

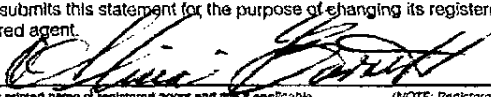
5/ FEI Number 59-3211081	Applied For ☐ Not Applicable
6/ Certificate of Status Desired ☐ %0/86 Beejipobm Gf1St r v j d e	

7/ On f i b o e i B e e f t t l p g D v e f a d S f h j t u f e l B h f o u

BARRETT, ALICIA
23017 HWY 44 E
EUSTIS, FL 32726

EP OPU X SJF!
JO UI JT TQ BDF

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:  DATE: **3-17-06**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

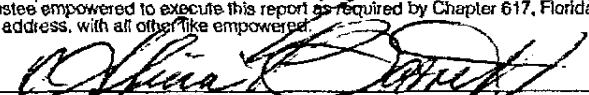
Filing Fee is \$61.25 Due by May 1, 2006	1/ Election Campaign Financing Trust Fund Contribution. ☐	%0/11 Nbz/Cf1 Beef elup/Gf11 000000476006 04/05/06-80038-024 70.00
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21/ OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBOR, THERESA 15549 APACHE PASS EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARRETT, ALICIA 23017 SR 44 EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BARRETT, ALICIA 23017 SR 44 EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAYO, MICHELE 6368 COUNTY RD. 154 B WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, JENNIFER 21115 ORANGE CT MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYO, MICHELLE 805 SOUTH MAIN STREET WILDWOOD, FL 34785

EP OPU X SJF!
JO UI JT TQ BDF

23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

T.J.HOBUSF;  DATE: **3-17-06**

T.J.HOBUSFIBOEIUPFEPISOGOLFEXOBFPFGTHOONIPGDDPISIE5FDUPS