


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001995
 1. Entity Name
CHILDRENS AIDS NETWORK NATIONAL, INC.



Principal Place of Business 3015 N. OCEAN BLVD. SUITE 109 FT. LAUDERDALE, FL 33308	Mailing Address 3015 N. OCEAN BLVD. SUITE 109 FT. LAUDERDALE, FL 33308
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04142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0484404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, JOHN B
 6301 SW 3RD ST
 MARGATE, FL 33068**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EATON, MICHAEL C 3015 N. OCEAN BLVD., STE 109 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MODRECK, GEORGIA 3015 N. OCEAN BLVD. #109 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERBELING, JOHN S. 3015 N. OCEAN BLVD. #109 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, JOHN B. 3015 N OCEAN BLVD, STE 109 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/04/05-80126-011 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John B. Wright* **4-24-05** **954.772.7361**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #