2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005497

FILED Apr 26, 2007 Secretary of State

Entity Name: THE KRISTINA JONSSON FUND FOR CHALLENGED CHILDREN, CORPORATION

Current Pr				o of Business:
	incipal Place	e of Business:	New Principal Place	e or business.
P O BOX 2	512		4001 LONG POND F	PLACE
PONTE VEDRA BEACH, FL 320042512		PONTE VEDRA BEACH, FL 320042512		
				•
Current Mailing Address:			New Mailing Address:	
P O BOX 2	512			
		, FL 320042512		
FEI Number:	59-3283859	FEI Number Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	LISA REE ROAD :DRA BEACH	, FL 32082 US		
The election	named entity	submits this statement for the purpose	se of changing its register	ed office or registered agent, or both,
	of Florida.	oublime time statement for the purpos	gg	
n the State	of Florida.	out the statement for the purpos		
	of Florida. RE:	nic Signature of Registered Agent		Date
n the State	of Florida. RE:	nic Signature of Registered Agent		Date
in the State SIGNATUF	of Florida. RE: Electroi AND DIREC	nic Signature of Registered Agent	ADDITIONS/CHANG	Date GES TO OFFICERS AND DIRECTOR
n the State SIGNATUF OFFICERS Fitle:	e of Florida. RE: Electroi G AND DIRECTOR D (nic Signature of Registered Agent TORS:	ADDITIONS/CHANC	Date
n the State SIGNATUR OFFICERS Title: Name:	e of Florida. RE: Electroi B AND DIRECT D (HERN, JANE S	nic Signature of Registered Agent TORS:	ADDITIONS/CHANC Title: Name:	Date GES TO OFFICERS AND DIRECTOR
in the State SIGNATUR OFFICERS Title: Name: Address:	Electron AND DIRECT D (HERN, JANE S 4001 LONG PC	nic Signature of Registered Agent TORS:	ADDITIONS/CHANC	Date GES TO OFFICERS AND DIRECTOR
in the State SIGNATUR OFFICERS Title: Name: Address: City-St-Zip:	Electron AND DIRECT D (HERN, JANE S 4001 LONG PO PONTE VEDRA	nic Signature of Registered Agent TORS: Delete DND PLACE A BEACH, FL 32082	ADDITIONS/CHANC Title: Name: Address: City-St-Zip:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition
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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: LISA PAUMEN TD 04/26/2007