

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

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000005945</b>			
1. Entity Name <b>SERVOL CHILDREN, INC.</b>			
Principal Place of Business <b>290 SW 12TH AVENUE DEERFIELD BEACH, FL 33442</b>		Mailing Address <b>290 SW 12TH AVENUE DEERFIELD BEACH, FL 33442</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02272006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number <b>65-0724146</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SABGA, JOSEPH 290 SW 12TH AVENUE DEERFIELD BEACH, FL 33442</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000455948 03/16/06-80008-021 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD PANTIN, GERARD SP. C/O 290 SW 12TH AVENUE DEERFIELD BEACH, FL 33442		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTRICHARD, RUTH SR. C/O 290 SW 12TH AVENUE DEERFIELD BEACH, FL 33442		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABGA, JOSEPH 7875 MANDARIN DRIVE BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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.			
<b>SIGNATURE:</b> 		<b>Joseph Sabga</b>	<b>03/03/2006</b> <b>(954) 425-0295</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #