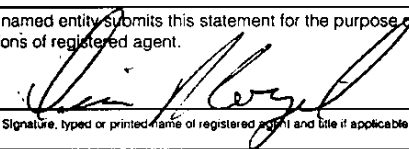
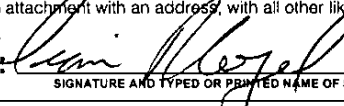


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90112 034 ****61.25

DOCUMENT # N96000001177 1. Entity Name SUPPORT, AID & FUNDAMENTAL ESSENTIALS FOR CHILDREN, INC.					
Principal Place of Business 11927 MAIDSTONE DRIVE WEST PALM BEACH, FL 33414 US			Mailing Address 11927 MAIDSTONE DRIVE WEST PALM BEACH, FL 33414 US		
2. Principal Place of Business - No P.O. Box # 1072 N. Ocean Blvd		3. Mailing Address 1072 N. Ocean Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01032007 Chg-NP CR2E037 (12/06)	
City & State Palm Beach, FL		City & State Palm Beach, FL		4. FEI Number 65-0678586	
Zip 33480		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABOUZEID, DIANA 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414		7. Name and Address of New Registered Agent Name Diana Abouzeid Street Address (P.O. Box Number is Not Acceptable) 1072 N. Ocean Blvd City Palm Beach FL Zip Code 33480			
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  DIANA ABOUZEID Director 1-30-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABOUZEID, DIANA 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABOUZEID, GEORGE 11927 MAIDSTONE DR WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE-PASKIN, NINA W ESQ. 2579 WINDSOR WAY COURT WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE:  DIANA ABOUZEID 1/30/07 (561) 844-9764 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					