2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001177

FILED Jan 29, 2009 Secretary of State

Entity Name: SUPPORT, AID & FUNDAMENTAL ESSENTIALS FOR CHILDREN, INC.

Current Principal Place of Business: New Principal Place of Business: 1072 N. OCEAN BLVE. 1072 N. OCEAN BLVD. PALM BEACH, FL 33480 PALM BEACH, FL 33480 US US **Current Mailing Address: New Mailing Address:** 1072 N. OCEAN BLVE 1072 N. OCEAN BLVD. PALM BEACH, FL 33480 US PALM BEACH, FL 33480 US FEI Number: 65-0678586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABOUZEID, DIANA 1072 N. OCEAN BLVD. PALM BEACH, FL 33480 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ABOUZEID, DIANA ABOUZEID, DIANA Name: Name: 11927 MAIDSTONE DR Address: 1072 NORTH OCEAN BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: PALM BEACH, FL 33480 Title: () Delete Title: (X) Change () Addition Name: ABOUZEID, GEORGE Name: ABOUZEID, GEORGE

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1072 NORTH OCEAN BLVD

() Change () Addition

PALM BEACH, FL 33480

 Title:
 D
 () Delete

 Name:
 CHASE-PASKIN, NINA W ESQ.

 Address:
 2579 WINDSOR WAY COURT

 City-St-Zip:
 WEST PALM BEACH, FL 33414

11927 MAIDSTONE DR

WEST PALM BEACH, FL 33414

Address:

City-St-Zip:

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: DIANA ABOUZEID D 01/29/2009