

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90049 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999

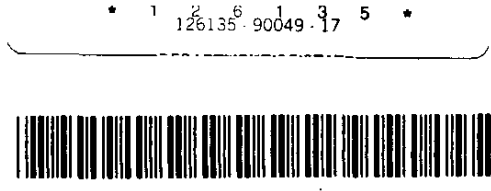


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N96000001452

1. Corporation Name  
**REACH THE CHILDREN RELIEF AND DEVELOPMENT, INC.**

Principal Place of Business: 9663 W. LAKE COURT, BOCA RATON FL 33434  
 Mailing Address: 39456 COUNTRY LANE DR, NOVI MI 48375



21	22	23	24	25	26	27	28	29	30	31	32
2. Principal Place of Business					2a. Mailing Address					3. Date Incorporated or Qualified	
1199 Hillsboro Mile #129					1199 Hillsboro Mile					03/12/1996	
Hillsboro Beach FL					# 129					4. FEI Number	
33062 USA					Hillsboro Beach FL					65-0728592	
33062 USA					Hillsboro Beach FL					5. Certificate of Status Desired	
										Not Applicable	
										\$8.75 Additional Fee Required	
										6. Election Campaign Financing	
										Trust Fund Contribution	
										\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EKHOLM, JUDIE L 9663 W. LAKE COURT BOCA RATON FL 33434				81 Name: Judie L. Ekholm			
				82 Street Address (P.O. Box Number is Not Acceptable): 1199 Hillsboro Mile # 129			
				83			
				84 City: Hillsboro Beach FL 85 Zip Code: 33062			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Judie L. Ekholm* (NOTE: Registered Agent signature required when reinstating) DATE: 1-28-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EKHOLM, JUDIE			1.2 NAME			
STREET ADDRESS	9663 W. LAKE COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OSMONOV, RAFIK			2.2 NAME			
STREET ADDRESS	16 PADOLSKAYA, DOM. 12			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, RUSSIA			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YEKIMOV, ELENA			3.2 NAME			
STREET ADDRESS	29 NEVSKY PROSPECT			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, RUSSIA			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEDASEKOVA, TATIANA			4.2 NAME			
STREET ADDRESS	MAJAIK 13			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, RUSSIA			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judie L. Ekholm* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Judie L. Ekholm* Date: 28-99 Daytime Phone #: 954-511-5553

CR2E037 (11/98)