

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000006091**1. Entity Name
CHILDREN ARE FIRST INC.

Principal Place of Business 11310 S. ORANGE BLOSSOM TR. #201 ORLANDO FL 32837	Mailing Address 11310 S. ORANGE BLOSSOM TR. #201 ORLANDO FL 32837
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 00564 Suite, Apt. #, etc.
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City & State ST. CLOUD FL	City & State ST. CLOUD FL
Zip 34770	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOX RICHARD
11310 S. ORANGE BLOSSOM TR.
#201
ORLANDO FL 32837**7. Name and Address of New Registered Agent**

Name
FOX RICHARD
Street Address (P.O. Box Number is Not Acceptable)
4297 SAWYER CIRCLE
APT. A
City SAINT CLOUD FL Zip Code 34772

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.

SIGNATURE _____ DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ MARCIE 5175 CINDERLANE PKWY ORLANDO FL 32808 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX RICK 3149 LANDTREE PL. ORLANDO FL 32812 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX JACK 5901 BENT PINE DRIVE ORLANDO FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FOX RICHARD 5244 LK MARGARET DR. ORLANDO FL 32812 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX RICK 4297 SAWYER CIRCLE APT. A SAINT CLOUD FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX ECHO M 4297 SAWYER CIRCLE APT. A SAINT CLOUD FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FOX RICHARD 4297 SAWYER CIRCLE APT. A SAINT CLOUD FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard Fox PSTD 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)