


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90339 009 ****61.25

DOCUMENT # N98000002168		
1. Entity Name COMMITTEE FOR CRIPPLED CHILDREN INC.		

Principal Place of Business 4851 85TH AVE PINELLAS PARK, FL 33781	Mailing Address 4851 85TH AVE PINELLAS PARK, FL 33781
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40072668



01032006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOWALESKI, CHESTER 420 1ST AVE NE LARGO, FL 33770		Name MICHAEL D. PASEK	
		Street Address (P.O. Box Number is Not Acceptable)	
		4851 85TH AVE.	
		City PINELLAS PARK FL	Zip Code 33781

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 Michael Pasek MICHAEL PASEK
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) REG. AGENT
DATE 4/26/06

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOWALEWSKI, CHESTER 420 1ST AVE NE LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 466 49TH AVE. N. ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PASEK, M.D. 4851 85TH AVE ST PETERSBURG, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD MICHAEL D. PASEK SAME ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIASCIK, RICH 10921 ENDEAVOUR WAY N #A-4 LARGO, FL 33777 <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 ZEMANKIEWICZ, STAN DR 2250 OSPREY BLVD BARTOW, FL 33830 <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: Michael Pasek MICHAEL PASEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER
DATE 4/26/06 727-544-2796
Daytime Phone #