2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

ANNOAL KEI OKI					Secretary or State			
DOCUMENT # N9800006373 1. Entity Name BARBARA'S PLAYHOUSE A HAVEN FOR LITTLE ANGELS, INC.					04-09-2007 900	-		
Principal Place 3517 WINDS WEST PALM 1		Mailing Address 3517 WINDSOR AVE WEST PALM BEACH, FL	33407	74. 21. CO # 1	4484 ×			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	t					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04032007	Chg-NP CR	2E037 (12/06)		
Ri Vi & State	en BC4; Fl	RIVIERA BO	1: F1	4. FEI Number 31-16395	11		plied For Applicable	
33404	Country U.S.A	33404	Country U.S. A	5. Certificate of	Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Ad	Idress of New Registe	red Agent		
MCMILLAN TOOMPS PARRADA			Name	Name				
MCMILLAN-TOOMBS, BARBARA 4689 SABLE PINE CIRCLE, 952 A2 WEST PALM BEACH, FL 33417-3135			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	the second							
			City			FL Zip Code	9	
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						ı		
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature	a required when reinstating)	0	ATE		
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	_ \$5.00 May Be	Make c	heck payable to epartment of St	1	
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make o	heck payable to	tate	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co ECTORS Delete	paign Financing	\$5.00 May Be Added to Fees	Make o	heck payable to	tate	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

03/03/07 \$16 804 7845