

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001795

FILED
Jun 05, 2008
Secretary of State

Entity Name: CHILDREN'S COLLEGE, INC.

Current Principal Place of Business:

635 W. 6TH ST.
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

635 W. 6TH ST.
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 65-1003948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAIFORD, MEDIALEAN
8628 DOVER BROOK DR.
PALM BCH GARDEN, FL 33410 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:

Title: D () Delete
Name: RAIFORD, MEDIA L
Address: 8628 DOVER BROOK DR.
City-St-Zip: PALM BCH GARDENS, FL 33401

Title: D () Delete
Name: ALLEN, ANTHONY
Address: 635 W. 6TH ST.
City-St-Zip: RIVIERA, FL 33404

Title: D () Delete
Name: KENTISH, CLIVE
Address: 635 W. 6TH ST.
City-St-Zip: RIVIERA, FL 33404

Title: D () Delete
Name: SMITH, MILDRED
Address: 635 W. 6TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: MEDIALEAN RAIFORD

D

06/05/2008

Electronic Signature of Signing Officer or Director

Date