

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90273 032 \*\*\*\*61.25

<b>DOCUMENT # N99000001883</b>					
<b>1. Entity Name</b> FONDATION POUR L'ENFANCE OF AMERICA, INC.					
<b>Principal Place of Business</b> 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH, FL 33408			<b>Mailing Address</b> 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH, FL 33408		
<b>2. Principal Place of Business</b> 660 US Highway One Suite, Apt. #, etc. Third Floor			<b>3. Mailing Address</b> 660 US Highway One Suite, Apt. #, etc. Third Floor		
<b>City &amp; State</b> North Palm Beach, FL			<b>City &amp; State</b> North Palm Beach, FL		
<b>Zip</b> 33408			<b>Zip</b> 33408		
<b>Country</b> Palm Beach			<b>Country</b> Palm Beach		
<b>4. FEI Number</b> 65-0916530				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PRINCIP, GERALD L ESQ 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH, FL 33408			<b>7. Name and Address of New Registered Agent</b> Name: <b>Gerald L. Principe, Esq.</b> Street Address (P.O. Box Number is Not Acceptable): <b>660 US Highway One</b> <b>Third Floor</b> City: <b>North Palm Beach, FL</b> Zip Code: <b>33408</b>		
<b>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.</b>					
SIGNATURE: <u>Gerald L. Principe</u> DATE: <u>4-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE: <input type="checkbox"/> Delete NAME: FLEMING, JOSEPH M STREET ADDRESS: 14 SHELDRAKE CITY-ST-ZIP: PALM BEACH GARDENS, FL 33410			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: VPD STREET ADDRESS: GRANDPIERRE, GEORGIANA CITY-ST-ZIP: 33 RUE NICOL 75017 PARIS, FRANCE,			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: TD STREET ADDRESS: FLEMING, JOSEPH M CITY-ST-ZIP: 14 SHELDRAKE LANE PALM BEACH GARDENS, FL 33418			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: SD STREET ADDRESS: PRINCIPLE, GERALD L CITY-ST-ZIP: 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH, FL 33408			TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SD STREET ADDRESS: Gerald L. Principe CITY-ST-ZIP: 660 US Highway One, Third Floor North Palm Beach, FL 33408		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
<b>12. 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 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.</b>					
SIGNATURE: <u>Gerald L. Principe</u> DATE: <u>4-21-05</u> (561-627-8100) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

20046469



04182005 Chg-NP CR2E037 (10/03)

APR 25 2005