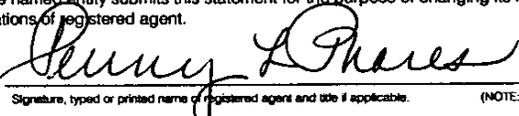
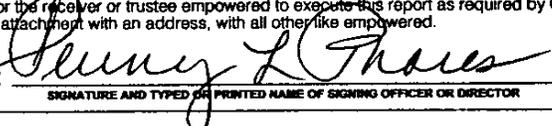


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90139 030 ****61.25

DOCUMENT # N99000002409					
1. Entity Name CHILD'S PLAY FOUNDATION, INC.					
Principal Place of Business 550 HWY 40 W INGLIS, FL 34-4496			Mailing Address 550 HWY 40 W INGLIS, FL 34-44-6		
2. Principal Place of Business 6 Isaiah's Place		3. Mailing Address Isaiah's Place			
Suite, Apt. #, etc. 6210 Harmony Lane		Suite, Apt. #, etc. 6210 Harmony Lane			
City & State Yankeetown, Florida		City & State Yankeetown, Florida			
Zip 34498		Country USA		Zip 34498	
Country USA		Country USA			
4. FEI Number 59-3620040			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHARES, PENNY 14 HICKORY AVENUE YANKEETOWN, FL 34498			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIASECKI, GEORGE		NAME		
STREET ADDRESS	8658 N PRESSNELL TERR		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAYBON, CINDIE		NAME		
STREET ADDRESS	189 EAST SAVOY STREET		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHILLER, ELLIE		NAME		
STREET ADDRESS	42 MAGNOLIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	YANKEETOWN, FL 34498		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, MARGIE		NAME		
STREET ADDRESS	7800 W FLORASUN LANE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANNACOLE, LORRAINE		NAME		
STREET ADDRESS	325 NE CRYSTAL ST		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date: 4/4/06		Daytime Phone #: (352) 447-1775	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	