


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90002 042 \*\*\*\*61.25

<b>DOCUMENT # N99000003722</b>	
1. Entity Name <b>FRIENDS OF CHILDREN UNITED SUCCEED, INC.</b>	

Principal Place of Business <b>6800 W. COMMERCIAL BLVD., STE. 4 ATTN: LEE RECHTER LAUDERHILL, FL US</b>	Mailing Address <b>6800 W. COMMERCIAL BLVD., STE. 4 ATTN: LEE RECHTER LAUDERHILL, FL US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05302006 Chg-NP CR2E037 (4/06)

City & State	City & State
Zip	Country

4. FEI Number <b>65-0927345</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RECHTER, LEE 6800 W COMMERCIAL BLVD SUITE 4 LAUDERHILL, FL</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EX-D <input type="checkbox"/> Delete <b>RECHTER, LEE 4300 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete <b>STEARNS, JESS DR. 4300 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>BROOKS, CHRISTINE DR. 1834 BELMONT RD. NW WASHINGTON, DC 20229</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>NEIMARK, CORT ESQ. 800 CORPORATE DR. STE. 602 FORT LAUDERDALE, FL 33334</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete <b>OGDEN, SUSAN 1310 AVE CORUNA GABLES BY THE SEA CORAL GABLES, FL 33156</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>RECHTER, MARVIN DR. 9591 PARK LANE PLANTATION, FL 33324</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JESS STEARNS**

**9-5-2005**

Date

Daytime Phone #

**(954) 749-7440**