2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# P00000013024

Entity Name: CHILDLIFE CORPORATE SOLUTIONS, INC.

Current Principal Place of Business:

P O BOX 2055
LUTZ, FL 335482055

New Principal Place of Business:

P O BOX 2055
LUTZ, FL 33548

Current Mailing Address:

P O BOX 2055
LUTZ, FL 335482055

New Mailing Address:

P O BOX 2055
LUTZ, FL 33548

FEI Number: 65-0975051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBINSON, DAVID G
P.O. BOX 2055
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: ROBINSON, DAVID
Address: P.O. BOX 2055
City-St-Zip: LUTZ, FL 335482055

Title: P ( ) Delete
Name: ROBINSON, JOHNETTE
Address: P.O. BOX 2055
City-St-Zip: LUTZ, FL 335482055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ROBINSON CEO 02/09/2006

Electronic Signature of Signing Officer or Director — Date