


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90111 029 \*\*\*158.75

<b>DOCUMENT # P01000048415</b>			
1. Entity Name <b>ALL MY CHILDREN, INC.</b>			
Principal Place of Business <b>6460 W ATLANTIC BLVD MARGATE FL 33063</b>		Mailing Address <b>6460 W ATLANTIC BLVD MARGATE FL 33063</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>17911 SE Federal Hwy</b>  Suite, Apt. #, etc.	
City & State  Zip		City & State <b>Jupiter, Florida</b>  Zip <b>33469</b>	
Country		Country <b>Martin</b>	



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>GARCIA, IVONNE 295 NW 92 TERRACE CORAL SPRINGS FL 33071</b>		7. Name and Address of New Registered Agent Name <b>Wayne Evans</b> Street Address (P.O. Box Number is Not Acceptable) <b>17911 SE Federal Hwy</b> City <b>Jupiter</b> FL Zip Code <b>33469</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.			
SIGNATURE <b>Wayne Evans</b> <small>Signature, typed name, or name of registered agent, and use if applicable</small>		DATE <b>2-10-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>GARCIA, IVONNE</b> <b>295 NW 92 TERRACE</b> <b>CORAL SPRINGS FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Wayne Evans (President)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17911 SE Federal Hwy</b> <b>Jupiter, Florida 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lynda Evans (Sec. Treas.)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17911 SE Federal Hwy</b> <b>Jupiter, Florida 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 Section 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 607, 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:** **Wayne Evans** **2-10-06** **561-575-9700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #