

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069343

FILED
Apr 28, 2005
Secretary of State

Entity Name: CHILDREN'S HEALTHCARE RESEARCH, INC.

Current Principal Place of Business:

C/O 1551 FORUM PLACE
SUITE 400 B
WEST PALM BEACH, FL 33401

Current Mailing Address:

C/O 1551 FORUM PLACE
SUITE 400 B
WEST PALM BEACH, FL 33401

New Principal Place of Business:

C/O 2801 PGA BLVD.
SUITE 110
PALM BEACH GARDENS, FL 33410

New Mailing Address:

C/O 2801 PGA BLVD.
SUITE 110
PALM BEACH GARDENS, FL 33410

FEI Number: 52-2367869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, STUART B ESQ.
1551 FORUM PLACE
SUITE 400B
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

KLEIN, STUART B ESQ.
2801 PGA BLVD.
SUITE 110
PALM BEACH GARDENS, FL 33410 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, JANIS DR.
Address: 927 45TH STREET #205
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: STIEBEL-CHIN, GRETA DR.
Address: 927 45TH STREET #205
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: LAMBRECHT, JAIME DR.
Address: 927 45TH STREET #205
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: JANIS JONES

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date