

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069343

FILED
Apr 19, 2007
Secretary of State

Entity Name: CHILDREN'S HEALTHCARE RESEARCH, INC.

Current Principal Place of Business:

927 45TH STREET
SUITE 205
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

927 45TH STREET
SUITE 205
WEST PALM BEACH, FL 33407

New Mailing Address:

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.
2801 PGA BLVD.
SUITE 110
PALM BEACH GARDENS, FL 33410 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: 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 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: JANIS A JONES MD

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date