

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001823

FILED
Mar 15, 2007
Secretary of State

Entity Name: CHILD & FAMILY HEALTH ANALYSIS AND TRENDS, INC.

Current Principal Place of Business:

1101 JUNIPER STREET, NE
SUITE 1415
ATLANTA, GA 30309 US

New Principal Place of Business:

Current Mailing Address:

1101 JUNIPER STREET , NE
SUITE 1415
ATLANTA, GA 30309 US

New Mailing Address:

FEI Number: 65-1166924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REEVES, RICHARD A
8980 EAGLES RIDGE DR
TALLAHASSEE, FL 32312 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: P () Delete
Name: ZERVIGON-HAKES, ANITA M
Address: 1101 JUNIPER NE, SUITE 1415
City-St-Zip: ATLANTA, GA 30309 US

Title: VP (X) Delete
Name: BARBER, DONNA
Address: 3300 KILLALA WAY
City-St-Zip: TALLAHASSEE, FL 32309

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: ANITA ZERVIGON-HAKES

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03/15/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date