

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 043 ***158.75

DOCUMENT # P98000033018

1. Entity Name

CHILDREN'S CENTER, INC.



Principal Place of Business

2728 BEN'S BRANCH DRIVE
KINGWOOD TX
US

Mailing Address

C/O CAROLE MONETTE
8 ROOSEVELT AVE
OLD GREENWICH CT 06870
US

64 Park Ave



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0841507

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORN, GARY A ESQ
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Na ~~Carole Monette~~
~~64 Park Avenue~~
~~1073 Sierra Oaks Circle East~~
~~Palm Beach Gardens,~~
~~FL 33410~~

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PSTD MONETTE, CAROLE
STREET ADDRESS ~~8 ROOSEVELT AVE~~ 64 Park Avenue
CITY-ST-ZIP OLD GREENWICH CT 06870

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Carole Monette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #