

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N02000002742

Entity Name: CELEBRATE CHILDREN INTERNATIONAL, INC.

Current Principal Place of Business:

1757 WEST BROADWAY STREET
SUITE 5
OVIEDO, FL 327658125 US

New Principal Place of Business:

Current Mailing Address:

1757 WEST BROADWAY STREET
SUITE 5
OVIEDO, FL 327658125 US

New Mailing Address:

FEI Number: 02-0575838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEDBERG, SUSAN MRS.
438 LAKEPARK TRAIL
OVIEDO,, FL 327658125 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, TERESA MISS
Address: 5021 NADINE STREET
City-St-Zip: ORLANDO, IL 32807

Title: D () Delete
Name: HEDBERG, SUSAN
Address: 438 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HEDBERG, DAVID MR.
Address: 438 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BROWN, TERESA MISS
Address: 5021 NADINE STREET
City-St-Zip: ORLANDO, IL 32807

Title: P (X) Change () Addition
Name: HEDBERG, DAVID MR.
Address: 438 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: KOVAC, DON MR.
Address: 446 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: S () Change (X) Addition
Name: REECE-CASE, SARAH MRS.
Address: 2961 CEDAR GLEN PLACE
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HEDBERG

P

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date