


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P31634

1. Entity Name
CHILDREN AWAITING PARENTS, INC.



Principal Place of Business 595 BLOSSOM ROAD SUITE 306 ROCHESTER, NY 14610 US	Mailing Address 595 BLOSSOM ROAD SUITE 306 ROCHESTER, NY 14610 US
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01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1047933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**CORPORATE CREATION NETWORK, INC
 11380 PROSPERITY FARMS RD
 # 221 E
 PALM BEACH GARDENS, FL 33410**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELY, MICHELLE 444 RIVER HEIGHTS ROCHESTER, NY 14612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINK, MARY JANE 10 WOODSTOCK LANE PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAHMLOW, JAMES W 38 KIRBY TRAIL FAIRPORT, NY 14450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SESSANO, BARBARA H 42 SUNRISE PARK PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JOYCE 99 GARNSEY ROAD PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD SCALZO, ELLEN 595 BLOSSOM ROAD ROCHESTER, NY 14610

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 03203206-80003-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen R. Scalzo, CEO 1/18/06 585-232-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #