


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90174 027 ****70.00

DOCUMENT # 741389			
1. Entity Name WIRA CHRISTMAS KIDS, INC.		Principal Place of Business 8245 BUSINESS PARK DR. PORT ST. LUCIE, FL 34952 US	
Mailing Address 1302 NEBRASKA AVE 6B FT PIERCE, FL 34950		2. Principal Place of Business	
3. Mailing Address 14105 Angle Road		Suite, Apt. #, etc.	
City & State FT. PIERCE, FL.		4. FEI Number 59-1829834	
Zip 34945		Country St. Lucie	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCNEIL, GRACE 1302 NEBRASKA AVE BLDG 6 APT B FT. PIERCE, FL 34950		Name ---DUNN (PAT) CLEOPATRA Street Address (P.O. Box Number is Not Acceptable) 14105 Angle Road City Ft. Pierce FL Zip Code 34945	
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, typed or printed name of registered agent and title if applicable. <i>Cleopatra (Pat) Dunn</i> CLEOPATRA (PAT) DUNN - TREASURER (NOTE: Registered Agent signature required when reappointing) DATE 2-1-05			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME CLUTTER, PAULINE STREET ADDRESS 1463A CAPTAINS WALK CITY-ST-ZIP FT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT - DIRECTOR NAME CAROL WYATT STREET ADDRESS 444 S.W. JACKSON PLACE CITY-ST-ZIP PORT ST. LUCIE, FL. 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME MCNEIL, GRACE STREET ADDRESS 1302 NEBRASKA AVE 6B CITY-ST-ZIP FT. PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete	TITLE TREASURER - DIRECTOR NAME CLEOPATRA DUNN STREET ADDRESS 14105 ANGLE ROAD CITY-ST-ZIP FORT PIERCE, FL. 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BDVP NAME BURCHFIELD, ED STREET ADDRESS 626 KEARNEY ROAD CITY-ST-ZIP FORT PIERCE, FL	<input type="checkbox"/> Delete	TITLE VICE PRES. - DIRECTOR NAME Ed Burch Field STREET ADDRESS 924-C SAVANNA'S POINT DR. CITY-ST-ZIP FORT PIERCE, FL. 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BD NAME WYATT, GREG & CAROL STREET ADDRESS 8245 BUSINESS PARK DRIVE CITY-ST-ZIP PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE SECRETARY - DIRECTOR NAME JANE WILSON STREET ADDRESS 2003 ESPLANADE AVE. CITY-ST-ZIP FORT PIERCE, FL. 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BD NAME WILSON, JANE STREET ADDRESS 2125 ESPLANADE WEST CITY-ST-ZIP FT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE DIRECTOR NAME GREG WYATT STREET ADDRESS 444 S.W. JACKSON PLACE CITY-ST-ZIP PORT ST. LUCIE, FL. 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE DIRECTOR NAME EARNEST DUNN STREET ADDRESS 14105 ANGLE Rd. CITY-ST-ZIP FORT PIERCE, FL. 34945	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Cleopatra (Pat) Dunn</i> CLEOPATRA (PAT) DUNN - TREASURER Date 2-1-05 Daytime Phone # (772) 971-1505			