

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741389

FILED
Mar 02, 2009
Secretary of State

Entity Name: WIRA CHRISTMAS KIDS, INC.

Current Principal Place of Business:

4100 METZGAR RD.
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

14105 ANGLE ROAD
FORT PIERCE, FL 34945 US

New Mailing Address:

FEI Number: 59-1829834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUNN, CLEO"PAT"RA
14105 ANGLE ROAD
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

DUNN, CLEO
14105 ANGLE ROAD
FORT PIERCE, FL 34945 US

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: CLEOPATRA B. DUNN

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WYATT, CAROL
Address: 444 SOUTHWEST JACKSON PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: DUNN, CLEOPATRA
Address: 14105 ANGLE ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: VD () Delete
Name: BURCHFIELD, ED
Address: 924 C SAVANNA'S POINT DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: SD () Delete
Name: WILSON, JANE
Address: 2003 ESPLANDE AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: WYATT, GREG
Address: 444 SOUTHWEST JACKSON PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: DUNN, EARNEST
Address: 14105 ANGLE ROAD
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: CLEOPATRA B. DUNN

TD

03/02/2009

Electronic Signature of Signing Officer or Director

Date