

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2007
Secretary of State**

DOCUMENT# N00000004544

Entity Name: KIDS ACHIEVE, INC.

Current Principal Place of Business:

2960 IMMOKALEE RD.
SUITE 3
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

2960 IMMOKALEE RD.
SUITE 3
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-3668015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUMANN, RAYMOND L ESQ
27200RIVERVIEW CENTER BLVD.
SUITE 103
BONITA SPRINGS, FL 34134 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: DP () Delete
Name: LINDNER, BARBARA H
Address: 2206 MAJESTIC CT.
City-St-Zip: NAPLES, FL 34110 US

Title: DV () Delete
Name: LINDNER, MARK L
Address: 2206 MAJESTIC CT.
City-St-Zip: NAPLES, FL 34110 US

Title: DS () Delete
Name: HUNTER, KATHRYN
Address: 4658 SANTIAGO LN
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: D () Delete
Name: SCANLIN, SUSAN
Address: 7034 RED COAT DR.
City-St-Zip: FLOURTOWN, PA 19038 US

Title: D () Delete
Name: SCHUMANN, RAYMOND L
Address: 27200 RIVERVIEW CENTER BLVD. #3
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: D () Delete
Name: SCHWAB, DIANE
Address: 14610 SEABURY CT.
City-St-Zip: FT. MYERS, FL 33908 US

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: D (X) Change () Addition
Name: GELPI, TINA
Address: 10501 FGCU BOULEVARD SOUTH
City-St-Zip: FT. MYERS, FL 33965 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA H. LINDNER

DP

01/04/2007

Electronic Signature of Signing Officer or Director

Date