


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90010 017 ****61.25

DOCUMENT # N03000008430					
1. Entity Name KIDZ IN MOTION, INC.					
Principal Place of Business 5424 CONWAY PTE CT ORLANDO, FL 32812			Mailing Address 5424 CONWAY PTE CT ORLANDO, FL 32812		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAZZOCCO, CAROL S 5424 CONWAY PTE CT ORLANDO, FL 32812				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZOCCO, CAROL S			NAME	
STREET ADDRESS	5424 CONWAY POINTE COURT			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32812			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, JAMES			NAME	
STREET ADDRESS	6401 S. BOSTON STREET			STREET ADDRESS	Greenwood Village, CO 80111
CITY-ST-ZIP	ENGLEWOOD, CO 80111			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, SUSAN			NAME	
STREET ADDRESS	6 MANOR RD. N			STREET ADDRESS	
CITY-ST-ZIP	GREENLAWN, NY 11740			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, MIKE			NAME	
STREET ADDRESS	1228 CHESSER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE, AL 35803			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Carol S. Mazzocco</i>				Date: <i>1/10/05</i> Daytime Phone #: <i>407-306-9824</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR					
CAROL S. MAZZOCCO					

JUUU6734



01062005 Chg-NP CR2E037 (10/03)

4. FEI Number **77-0610114** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FL Zip Code