

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008**  
**Secretary of State**

DOCUMENT# N03000008430

Entity Name: KIDZ IN MOTION, INC.

**Current Principal Place of Business:**

5424 CONWAY PTE CT  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

5424 CONWAY PTE CT  
ORLANDO, FL 32812

**New Mailing Address:**

5424 CONWAY PTE CO  
ORLANDO, FL 32812

FEI Number: 77-0610114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAZZOCCO, CAROL S  
5424 CONWAY PTE CT  
ORLANDO, FL 32812 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: PD ( ) Delete  
Name: MAZZOCCO, CAROL S  
Address: 5424 CONWAY POINTE COURT  
City-St-Zip: ORLANDO, FL 32812

Title: VPD ( ) Delete  
Name: SAVAGE, JAMES  
Address: POB 300642  
City-St-Zip: DENVER, CO 80203

Title: SD ( ) Delete  
Name: KATZ, SUSAN  
Address: 6 MANOR RD. N  
City-St-Zip: GREENLAWN, NY 11740

Title: TD ( ) Delete  
Name: JAMES, MIKE  
Address: 1228 CHESSER DRIVE  
City-St-Zip: HUNTSVILLE, AL 35803

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: SAVAGE, JAMES  
Address: 8278 STARR GRASS DRIVE  
City-St-Zip: MADISON, WI 53710

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

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

Title: DIR ( ) Change (X) Addition  
Name: JOHNSTON, WOODY  
Address: 172 BOWDEN RD.  
City-St-Zip: TITUS, AL 36080

Title: DIR ( ) Change (X) Addition  
Name: SALVANO, DEB  
Address: 48881 COUNTY RD. 673  
City-St-Zip: LAURENCE, MI 49064

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: CAROL S. MAZZOCCO

PD

01/09/2008

Electronic Signature of Signing Officer or Director

Date