

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
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 CO
ORLANDO, FL 32812

New Mailing Address:

5424 CONWAY PTE CT
ORLANDO, FL 32812

FEI Number: 77-0610114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 8278 STARR GRASS DRIVE
City-St-Zip: MADISON, WI 53710

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SALVANO, DEB
Address: 48881 CR 673
City-St-Zip: LAWRENCE, MI 49064

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

Title: DIR (X) Change () Addition
Name: JOHNSTON, WOODY
Address: 3016 BILTMORE AVE
City-St-Zip: MONTGOMERY, AL 36109

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: CAROL S. MAZZOCCO

PD

06/24/2009

Electronic Signature of Signing Officer or Director

_____ Date