2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003352

FILED Aug 01, 2008 Secretary of State

Entity Name: KISSIMMEE WITH SPOKEN WORD FOR KIDS, INC. **New Principal Place of Business: Current Principal Place of Business:** 444 ACACIA TREE WAY KISSIMMEE, FL 34758 **Current Mailing Address: New Mailing Address:** 444 ACACIA TREE WAY KISSIMMEE, FL 34758 FEI Number: 20-8760213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: WARREN, OMAR A SR. 444 ACACIA TREE WAY KISSIMMEE, FL 34758 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete WARREN, OMAR A SR Name: Name: Address: 444 ACACIA TREE WAY Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: Title: SECR () Delete Title: (X) Change () Addition Name: WALKER, OPAL A Name: WALKER, OPAL A Address: 444 ACACIA TREE WAY Address: 444 ACACIA TREE WAY City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: KISSIMMEE, FL 34758 Title: TRES () Delete Title: **TRES** (X) Change () Addition MONSANTO, ROBERTA SEEDANSINGH, MARC Name: Name: Address: 2119 LAKE CHRISTIE DR. Address: 154 BRIARCLIFF DR. City-St-Zip: ORLANDO, FL 32809 City-St-Zip: KISSIMMEE, FL 34758

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: OMAR A WARREN PRES 08/01/2008