2007 NOT-FOR-PROFIT CORPOSATION AMENDED ANNUAL REPORT

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DOCUMENT # N36236 1. Entity Name KIDS IN DISTRESS AUXILIARY, INC.				•				_	FILE UL 26). 10	
Principal Place of Business 819 NE 26TH ST 2ND FLOOR WILTON MANORS, FL 33305 US			Mailing Address 819 NE 26 STREET 2ND FLOOR WILTON MANORS, FL 33305					ETARY O HASSEE,		_		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07062007	Chg-NP	C	R2E037	7 (12/06)		
City & State	9		City & State				05 0475000			_ 	ptied For t Applicable	
Zip	Zip Country		Zip		Country		5. Certificate				\$8.75 Add Fee Required	
L	6. Name and Ado	tress of Current	Registered Agent		1		7. Name and	Address o	I New Regis	stered A	gent	
LEGROW,	KAYF				Name		–					
3005 SOR					Street Ad	idress (I	P.O. Box Numbe	er is Not Ac	ceptable)		,	
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8. The above		abia akakamana in	r the purpose of changir	ra its maistr	ered office or	realster	ed agent, or bot	th, in the Sta	ate of Florida	a. Iam fa	amiliar with,	and accept
the oblinat	tions of registered and	ilius susuemieniio nt	. Die perpece er en Engli	.g .wvg			_				-	ì
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the obligat	tions of registered age	nt.	LI	row	ared Agent signatur				7/	/6/	07	
SIGNATURE	Signature, typed or primad re	nt. me of registered agent	ero tite il applicable. 9. Election	(NOTE: Regisa	ared Agent signatu	re required			7/	DATE	07	
SIGNATURE	Signature, typed or primad no	nt. sme of registered agent \$61.25	ero tite il applicable. 9. Election Trust Fi	(NOTE: Registern n Campaign und Contrib	ared Agent signstus n Financing oution.	re required	when reinstating) \$5.00 May B Added to Fees	i e	Make Florida	DATE DEPART	payable to	o ate
SIGNATURE	Signature, typed or printed in	nt. me of registered agent	9. Election Trust Fo	(NOTE: Registarior Campaigr	ared Agent signature in Financing oution.	re required	(when rainstating)	i e	Make Florida	DATE DEPART	07 a payable to trient of St RECTORS IN	pate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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.

cheek # 1518 - \$61.25 Enclosed