

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 31, 2011
Secretary of State

DOCUMENT# N36236

Entity Name: KIDS IN DISTRESS AUXILIARY, INC.**Current Principal Place of Business:**819 NE 26TH ST
2ND FLOOR
WILTON MANORS, FL 33305 US**New Principal Place of Business:****Current Mailing Address:**304 INDIAN TRACE #515
WESTON, FL 33326**New Mailing Address:****FEI Number:** 65-0175802**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RAY, SUE
1654 VICTORIA POINTE CIRCLE
WESTON, FL 33327 US**Name and Address of New Registered Agent:**BURSON, JUANITA
2538 ROYAL PALM WAY
WESTON, FL 33327 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: JUANITA BURSON

10/31/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P
Name: CARRAWAY, IRENE
Address: 1130 FAIRFAX LANE
City-St-Zip: WESTON, FL 33326**Title:** P
Name: CAVALLARO, ROBIN
Address: 409 COCONUT CIRCLE
City-St-Zip: WESTON, FL 33326**Title:** V
Name: KELLY, LIZ
Address: 2537 POINCIANA DRIVE
City-St-Zip: WESTON, FL 33327**Title:** T
Name: BURSON, JUANITA
Address: 2538 ROYAL PALM WAY
City-St-Zip: WESTON, FL 33327

I hereby 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 all other like empowered.

SIGNATURE: JUANITA BURSON

T

10/31/2011

Electronic Signature of Signing Officer or Director_____
Date