2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N97000003266 1. Entity Name

FILED Mar 08, 2006 8:00 am Secretary of State 03-08-2006 90182 048 ****61.25

| KIND PR | OGRAM, INC. | | | | | | | | |
|--|--|--|---------------------------------------|---------------|---|---------------------------------------|-----------------------------|--------------|--|
| 777 S. FLAGLER DRIVE, SUITE 800 C/O WEST TOWER 399 | | Mailing Address C/O BIZ ATA 399 NW BOCA RATON E BOCA RATON, FL 3343 | O BIZ ATA 19 NW BOCA RATON BLVD | | 60022377 | | | | |
| 2. Principal Place of Business 3. Mai | | 3. Mailing Address | ailing Address | | | | | | |
| Suite, Apt. #, etc. S | | Suite, Apt. #, etc. | iuite, Apt. #, etc. | | 02142006 _C | ng-NP CR2E0 | 37 (11/05) | | |
| City & State | | City & State | City & State | | 4. FEI Number Applied For 65-0765570 Not Applied by | | | | |
| Zip | Country | Zip | Country | | 5. Certificate of St | | \$8.75 Add | | |
| | 6. Name and Address of Current R | egistered Agent | 1 | | 7. Name and Add | ress of New Registered | <u>-</u> | | |
| 00115015 | | | Name | | | | | | |
| 1 900 NW (| ER, ELLEN CORPORATE BLVD, SUITE 400 FON: FL-3343 1 |)-EAST | Street Address 2500 M | | | (P.O. Box Number is Not Acceptable) | | | |
| DOOMING | 1011,12 33431 | | ٧. | 10 | 200 | | | | |
| | | | City | | | FL | Zip Code | 3,131 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered agent an | d title of applicable. (NOTE | : Registered Agent signat | ture required | when reinstating) | DATE. | | <u>.</u> | |
| | Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Cam Trust Fund C | paign Financing ontribution. | | \$5.00 May Be Added to Fees | Make chec Florida Depa | k payable to tment of St | | |
| 10. | OFFICERS AND DIRE | CTORS | 11. | ٨ | ADDITIONS/CHANG | ES TO OFFICERS AND D | RECTORS IN | 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLETCHER, ELIZABETH 280 E PALMETTO PARK ROAD BOCA RATON, FL 33432 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition | |
| TITLE | Φ- | Ø Delete | THILE | | | | ☐ Change | Addition | |
| NAME | CWICK, NATALIE | / | NAME | | | | _ , | | |
| STREET ADDRESS | 1800 CORPORATE BLVD: NW #1 | 0 0 | STREET ADDRESS | | | | | | |
| CITY-SI-ZIP | PD BOCA RATON, FL-33431 | | CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE NAME | KNIBBS, ANDREA | ☐ Delete | TITLE NAME | | | | Change | Addition | |
| STREET ADDRESS | 600 FAIRWAY DRIVE, SUITE 109 | | STREET ADDRESS | | | | | | |
| CITY-\$T-ZIP | DEERFEILD BEACH, FL 32441 | | CITY-ST-ZiP | | | | | | |
| TITLE | TD | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME | ROOT, CHRISTOPHER | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 399 NW BOCA RATON BLVD. BOCA RATON, FL 33432 | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | D D | ☐ Detete | TITLE | | | | ☐ Change | Addition | |
| NAME | BROWN-MURRO, KELLEY | CJ Delete | NAME | | | | C) Grienige | () Addition | |
| STREET ADDRESS | 101 N. FEDERAL HWY. | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | CITY-ST-ZIP | | | | | | |
| TITLE | D | ☐ Delete | TITLE | FER | guson, Tim | 0984- | Change | ☐ Addition | |
| NAME _ | FERGUSON, TIMOTHY | - | NAME | ue | 10 10 17 | WAU SILITE | 302 | | |
| STREET ADDRESS CITY+ST-ZiP | 301 YAMATO RD. #4150 BOGA RATON: FL: 33431 | | STREET ADDRESS CITY-ST-ZIP | | T. I'dildana | WAY, SUITE | 77 | . , | |
| | L | nis filing does not qualify for | <u> </u> | haniator | in Chanter 119 Flor | ida Statutes I further cer | tily that the in | formation | |
| 12. I hereby certify that the information supplied with this filling 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 leggle effect as if made under oath; that I am an officer or director of the compretion or the receiver or true appropriate the compretion of the | | | | | | | | | |

changed, or on an attachment with an address, with all other the empowered

SIGNATURE: