2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90200 036 ****61.25

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1. Entity Name
KIND PROGRAM, INC.

Principal Place of Business	Mailing Address
777 S. FLAGLER DRIVE, SUITE 800 WEST TOWER WEST PALM BEACH, FL 33401	C/O ~~BIZ ATA~~ CBIZ AAT 399 NW BOCA RATON BLVD #200 BOCA RATON, FL 33432

04252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
433 PLAZA REAL	
Suite, Apt. #, etc.: 275	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State
Zip: 33432 Country: PALM BEACH	Zip Country

4. FEI Number 65-0765570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHECHTER, ELLEN 2500 N. MILITARY TRAIL STE. 200 BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 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	VP JOYCE DEVITA 1210 COCOANUT ROAD BOCA RATON, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNIBBS, ANDREA 600 FAIRWAY DRIVE, SUITE 109 DEERFEILD BEACH, FL 32441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC YOSHIMI WALEN 3998 NW 27 TERR. BOCA RATON, FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDP ROOT, CHRISTOPHER 399 NW BOCA RATON BLVD. BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOANNE BECKNER 3308 FOREST HILL BLVD W. PALM BEACH, FL 33406	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN-MURRO, KELLEY 101 N. FEDERAL HWY. BOCA RATON, FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFF WEINSTOCK 5355 TOWN CENTER RD. BOCA RATON, FL 33486	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, TIMOTHY 4901 NW 17 WAY., STE. 302 FORT LAUDERDALE, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher L Root Christopher Root 4/25/07 561-392-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #