2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90056 024 ****61.25

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1. Entity Name
KIND PROGRAM, INC.

Principal Place of Business	Mailing Address
433 PLAZA REAL 275 BOCA RATON, FL 33432	C/O CBIZ ATA 399 NW BOCA RATON BLVD BOCA RATON, FL 33432

03192008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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
BDB AGENT CO. 5355 TOWN CENTER RD, SUITE 900 BOCA RATON, FL 33486	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	William Miller 235 SE 5 Ave. Delray Beach, FL 33483	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNIBBS, ANDREA 600 FAIRWAY DRIVE, SUITE 109 DEERFEILD BEACH, FL 32441	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jeff Weinstock 5355 Town Center Rd. Ste 900 Boca Raton, FL 33486	☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEVITA, JOYCE 1220 COCOANUT RD BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALEN, YOSHIMI 3998 NW 17 TERE. BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECKMER, JOANNE 3308 FOREST HILL BLVD WEST PALM BEACH, FL 33406	☒ 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 Root 3/19/08 561-392-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #