2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006183

Entity Name: KIDS WISH NETWORK, INC.

FILED Aug 05, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
160 SCAR OLDSMAR		IS			
Current Mailing Address:			New Maili	New Mailing Address:	
160 SCAR OLDSMAR		IS			
FEI Number:	: 31-1579097	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
The above	AH DR RBOR, FL 34684 named entity su		ırpose of changing il	s registered office or registered agent, or both,	
in the State	e of Florida.				
SIGNATUR					
Electronic Signature of Registered Agent			nt	Date	
OFFICERS	S AND DIRECTO	DRS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ED () D BREINER, SHELL 3898 TALAN DRIV PALM HARBOR, F	Y Œ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D BREINER, MARK 3898 TALAN DRO PALM HARBOR, F	VE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D ASKIN, BARBARA 9931 MONTAGUE TAMPA, FL 3362	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D HONEGGER, MIC 1111 20TH ST NV WASHINGTON, D	HAEL / 20526	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BLACK, JANET DR. 3547 ERMINE PATH PALM HARBOR, FL 34684	
Title: Name: Address: City-St-Zip:	D () D SINGH, TONI 118 HARBOR DR PALM HARBOR, F		Title: Name: Address: City-St-Zip:	D (X) Change () Addition DIECIDUE, DARON DR. 3171 BAYSHORE OAKS DRIVE TAMPA, FL 33611	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition ARON, LES MR. 1041 SYLVIA LANE TAMPA, FL 33613	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK BREINER D 08/05/2004