Feb 06, 2006 8:00 am 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **Secretary of State** DOCUMENT # N97000006183 02-06-2006 90067 009 ****61.25 KIDS WISH NETWORK, INC. Principal Place of Business Mailing Address **CONTAIDA** 160 SCARLET BOULEVARD 160 SCARLET BOULEVARD OLDSMAR, FL 34677 US OLDSMAR, FL 34677 US 3. Mailing Address 4060 2. Pringipal Place of Business AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Cha-NP CR2E037 (11/05) 4. FEI Number 31-1579097 Applied For FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREINER, MARK 3898 TALAH DRIVE Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR, FL 34684 City 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. MARK BREINER SIGNATURE Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1/2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE FD ☐ Delete TITLE Change ☐ Addition BREINER, SHELLEY MRS. NAME NAME 4060 LOURS AVE STREET ADDRESS 3898 TALAH DRIVE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP YOUDAY FL 34691 D TITLE ☐ Delete TITLE ☐ Addition BREINER, MARK MR. NAME NAME 4060 LOUS AV HOLIDAY, FL 3469/ 3898 TALAH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP TIT1 F TITLE Delete ■ Addition NAME ASKIN, BARBARA MS NAME 4060 LOUIS AV HOLIONY, Fl 34691 STREET ADDRESS 9931 MONTAGUE STREET STREET ADDRESS **TAMPA, FL 33626** CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition 4060 LOUN AV BLACK, JANET DR. NAME NAME STREET ADDRESS 3547 ERMINE PATH STREET ADDRESS HOLIDAY, #1 34691 CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DIECIDUE, DARON DR. 40 60 LOUS AV NAME NAME STREET ADDRESS 3171 BAYSHORE OAKS DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ARON, LES MR. NAME NAME 4060 LOVIS AV HOLICAY, F/ 34691 STREET ADDRESS 1041 SYLVIA LANE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33613** CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not equalify 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 order like empowered.

FILED

ADDITIONAL LIST OF DIRECTORS ATTACHED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

ATTACHMENT

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Additional Directors and addresses:

Ken Joyce Kids Wish Network 4060 Louis Ave Holiday, Fl 34691

Scott Gray
- Kids Wish Network
4060 Louis Ave
Holiday, Fl 34691

Andrew Castillo Kids Wish Network 4060 Louis Ave Holiday, Fl 34691