

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006**  
**Secretary of State**

DOCUMENT# N99000000059

Entity Name: KIDS 2 KIDS, INC.

**Current Principal Place of Business:**

17055 SW 192 STREET  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

17055 SW 192 STREET  
MIAMI, FL 33187

**New Mailing Address:**

FEI Number: 65-0888470    FEI Number Applied For ( )    FEI Number Not Applicable ( )    Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINCHESTER, CHERYL  
17055 SW 192 STREET  
MIAMI, FL 33187    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: WINCHESTER, JENNA  
Address: 17055 SW 192 STREET  
City-St-Zip: MIAMI, FL 33176

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P            ( ) Delete  
Name: PRONGAY, DENISE  
Address: 8831 SW 149 STREET  
City-St-Zip: MIAMI, FL 33176

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V            ( ) Delete  
Name: PRONGAY, THOMAS  
Address: 8831 SW 149 STREET  
City-St-Zip: MIAMI, FL 33176

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T            ( ) Delete  
Name: WINCHESTER, CHERYL  
Address: 17055 SW 192 STREET  
City-St-Zip: MIAMI, FL 33187

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S            ( ) Delete  
Name: HALEY, ROSEMARY  
Address: 8861 SW 149 STREET  
City-St-Zip: MIAMI, FL 33176

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHERYL WINCHESTER

T

02/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date