

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N99000000059 1. Entity Name KIDS 2 KIDS, INC.	
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Principal Place of Business 17055 SW 192 STREET MIAMI, FL 33187	Mailing Address 17055 SW 192 STREET MIAMI, FL 33187
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01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0888470	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINCHESTER, CHERYL
 17055 SW 192 STREET
 MIAMI, FL 33187

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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: *Cheryl H. Winchester* CHERYL H. WINCHESTER 1/6/07
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

00000585531
 01/16/07-80016-016-70100

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINCHESTER, JENNA 17055 SW 192 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRONGAY, DENISE 8831 SW 149 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRONGAY, THOMAS 8831 SW 149 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINCHESTER, CHERYL 17055 SW 192 STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALEY, ROSEMARY 8861 SW 149 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Denise Prongay* DENISE PRONGAY 1/6/07 305-253-5482
Signature and typed or printed name of signing officer or director Date Daytime Phone #