

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000829

FILED
Jan 29, 2007
Secretary of State

Entity Name: MALIVAI WASHINGTON KIDS FOUNDATION, INC.

Current Principal Place of Business:

2933 N. MYRTLE AVE
STE 101
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2933 N. MYRTLE AVE
STE 101
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3559150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIO, TERRI
3699 SANCTUARY WAY SOUTH
JACKSONVILLE BEACH, FL 32250 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:

Title: S () Delete
Name: FLORIO, TERRI
Address: 3699 SANCTUARY WAY SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P () Delete
Name: WASHINGTON, MALIVAI
Address: 5 SOUTH ROSCOE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DT () Delete
Name: WHEELER, LAMAR
Address: 7406 FUNERTON ST. SUITE 104
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: VANCE, PAUL
Address: ONE ALLTEL STADIUM PL
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: DUBOW, MICHAEL
Address: 9431 FLORIDA MINING BLVD. E
City-St-Zip: JACKSONVILLE, FL 32257

Title: EOED () Delete
Name: FLORIO, TERRI
Address: 3699 SANCTUARY WAY SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HOGAN, PATRICIA
Address: 913 SORRENTO RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT (X) Change () Addition
Name: FLETCHER, DAMON
Address: 1816 LORIMIER RD.
City-St-Zip: JACKSONVILLE, FL 32207

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

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: TERRI FLORIO

Electronic Signature of Signing Officer or Director

EOED

01/29/2007

Date