

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068644

Entity Name: THERAKIDS PLUS, INC.

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

2901 W BUSCH BLVD.  
STE. 910  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

2901 W BUSCH BLVD.  
STE. 910  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3527590      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COHEN, ROBERT F  
2918 BUSCHE LAKE BLVD  
TAMPA, FL 33614      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            BOOTH, KIMBERLY  
Address:        2901 W BUSCH BLVD., #910  
City-St-Zip:    TAMPA, FL 33618

Title:            D            (X) Delete  
Name:            KRAMER, STACY  
Address:        2901 W BUSCH BLVD., #910  
City-St-Zip:    TAMPA, FL 33618

Title:            D            (X) Delete  
Name:            ROACH, CARLENE  
Address:        2901 W BUSCH BLVD, #910  
City-St-Zip:    TAMPA, FL 33618

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM BOOTH

D

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date