2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N00000003019

Entity Name: KIDS IN CRISIS INTERNATIONAL, INC.

Current Principal Place of Business:

6146 HOGAN CREEK RD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6146 HOGAN CREEK RD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0998013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RASKU, JULIE
6146 HOGAN CREEK RD.
MARGATE, FL 33063 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:	ED	( ) Delete
Name:	FENLASON, JOHN D	
Address:	2 PALM DR.	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	D	( ) Delete
Name:	FENLASON, SUZANNE	
Address:	2 PALM DR.	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	D	( ) Delete
Name:	FENLASON, JARRED	
Address:	2 PALM DR.	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	D	( ) Delete
Name:	GARRICK, TERRELL	
Address:	1070 SHORELINE DRIVE	
City-St-Zip:	STANLEY, NC 28164	
Title:	D	( ) Delete
Name:	TABER, GERALD	
Address:	7515 WEST LAKE DRIVE	
City-St-Zip:	LAKE CLARK SHORES, FL 33406	
Title:	D	( ) Delete
Name:	RASKU, JULIE	
Address:	6146 HOGAN CREEK ROAD	
City-St-Zip:	MARGATE, FL 33063	

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:	
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 Section 119.07(3)(i), 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: SUZANNE FENLASON D 04/30/2004

Electronic Signature of Signing Officer or Director — Date