2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 276439

Entity Name: LOS NINOS, INC.

Current Principal Place of Business:

130 KELLY SMITH RANCH RD
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

130 KELLY SMITH RANCH RD
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-1148790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KELLEY (MRS)
130 KELLY SMITH RANCH RD
PALATKA, FL 32177 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SMITH,NELL,	
Address:	130 KELLY SMITH RANCH RD	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	SMITH,KELLY (JR),	
Address:	146 HIAWATHA CT	
City-St-Zip:	E PALATKA, FL 32131	
Title:	D	( ) Delete
Name:	BRETHERTON, MARCEILE	
Address:	P.O. BOX 537	
City-St-Zip:	GEORGETOWN, FL 32139	
Title:	D	( ) Delete
Name:	SMITH, TITO S	
Address:	131 KELLY SMITH RANCH RD	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	LEVY, DENISE	
Address:	2992 LAKE BRADFORD RD S	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	D	( ) Delete
Name:	SMITH, STUART	
Address:	108 LATISHA TERRACE	
City-St-Zip:	PALATKA, FL 32177	

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 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: NELL SMITH P 02/24/2009

Electronic Signature of Signing Officer or Director — Date