2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #741389

WIRA CHRISTMAS KIDS, INC.

FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4100 METZGAR RD. FORT PIERCE, FL 34947

14105 ANGLE ROAD

FORT PIERCE, FL 34945 US



DO NOT WRITE IN THIS SPACE

02132008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1829834

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DUNN, CLEO"PAT"RA 14105 ANGLE ROAD FORT P!ERCE, FL 34945

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title d applicable (NOTE: Registered Agent signature required when renstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing Trust Fund Contribution.	, a	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD WYATT, CAROL 444 SOUTHWEST JACKSON PLACE PORT SAINT LUCIE, FL 34986				U00000851358 04/03/09-80005-021 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNN, CLEOPATRA 14105 ANGLE ROAD FORT PIERCE, FL 34945				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURCHFIELD, ED 924 C SAVANNA'S POINT DRIVE FORT PIERCE, FL 34982			DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, JANE 2003 ESPLANDE AVENUE FORT PIERCE, FL 34982		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYATT, GREG 444 SOUTHWEST JACKSON PLACE PORT SAINT LUCIE, FL 34986				

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 abother like empowered.

SIGNATURE:

DUNN, EARNEST

14105 ANGLE ROAD

FORT PIERCE, FL 34945

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #