

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741389

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: WIRA CHRISTMAS KIDS, INC.

## Current Principal Place of Business:

4100 METZGAR RD.  
FORT PIERCE, FL 34947 US

## New Principal Place of Business:

## Current Mailing Address:

14105 ANGLE ROAD  
FORT PIERCE, FL 34945 US

## New Mailing Address:

FEI Number: 59-1829834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DUNN, CLEO"PAT"RA  
14105 ANGLE ROAD  
FORT PIERCE, FL 34945 US

## Name and Address of New Registered Agent:

DUNN, CLEO  
14105 ANGLE ROAD  
FORT PIERCE, FL 34945 US

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: CLEOPATRA B. DUNN

03/02/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WYATT, CAROL  
Address: 444 SOUTHWEST JACKSON PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD ( ) Delete  
Name: DUNN, CLEOPATRA  
Address: 14105 ANGLE ROAD  
City-St-Zip: FORT PIERCE, FL 34945

Title: VD ( ) Delete  
Name: BURCHFIELD, ED  
Address: 924 C SAVANNA'S POINT DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: SD ( ) Delete  
Name: WILSON, JANE  
Address: 2003 ESPLANDE AVENUE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: WYATT, GREG  
Address: 444 SOUTHWEST JACKSON PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete  
Name: DUNN, EARNEST  
Address: 14105 ANGLE ROAD  
City-St-Zip: FORT PIERCE, FL 34945

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

SIGNATURE: CLEOPATRA B. DUNN

TD

03/02/2009

Electronic Signature of Signing Officer or Director

Date