## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 15, 2004 8:00 am Secretary of State 03-15-2004 90010 049 \*\*\*\*70.00

Second Process   Seco	DOCUMENT # 747582  1. Entity Name KIDS IN DISTRESS, INC.					03-15-2004 90010 049 ****70.00					
Sulle, Apt. 4, etc.  Sulle, Apt. 4, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Applied for Sp. 1927288  Sept. Country  Applied for Sp. 1927288  Sept. Country  Exp. Country  A FET INumber Sp. 1927288  Sept. Country  A Sept. Sp. 1927288  Sept. Address of Status Desirod  Fee Required—  For Required—  For Required—  For Required—  For Required—  City  FL Zip Code  Sept. Address of New Registered Agant  Tomacountry  Sept. A	819 N. E. 26 STREET 819		819 N. E. 26 STREET	819 N. E. 26 STREET					5401	8252	
City & State  Country  Count	2. Principal P	lace of Business	3. Mailing Address								
Solution	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03102004	Chg-NP	CR2E037	7 (10/03)	/	
S. Conflicate of Spring Desired S. S. Conflicate of Spring Desired Agent S. Conflicate of Spring Desired Agent S. S. Conflicate of Spring Desired Agent S. S. Conflicate of Spring Desired Agent Sprin	City & State		City & State			4. FEI Numbe 59-1927	289	<del></del> .		<del></del>	
Name	Zip Country		Zip	Zip Country		5 Contificate of Status Denirod VT \$8.75 Additional				ditional	
TOMOZYK, THOMAS J 9 819 NE 26TH STREET WILTON MANORS, FL 33305    City   FL   Zip Code		6. Name and Address of Current Re		7. Name and Address of New Registered Agent							
SIGNATURE    Street Address (P.O. Box Number is Not Acceptable)					Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   specified name of registered agent and rite if approache.   (NOTE flog agent agent are prepared when recotating)	819 NE 26TH STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE    Filing Fee Is \$61.25   Due by May 1, 2004   Due to May 1, 2004   Trust Fund Contribution.   S\$.00 May Be Added to Fee Priorida Department of State Florida Department of State					FL Zip Code						
Signature. typed or printed name of registered agent and title if approache.   NOTE Registered Agent approache required when recounting)   ST.000 May Be Added to Fees   Make check payable to Florida Department of State											
Filing Fee is \$61.25 Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  TD LEVIN, MIKE STREET ADDRESS CITY-ST-2P CITY											
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12. Thereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 817, Edwiss, and that my same appears in Block 10 or Block 11 if	12. I hereby	certify that the information supplied with the	nis filing does not qualify for the	exemption sta	ted in Se	ction 119 07(3)(i	), Florida Statute	s. I further certi	fy that the i	information	

SIGNATURE: