2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# 814124

Entity Name: KID'S KRUSADE, INC.

Current Principal Place of Business:

1416 82ND AVE.
VERO BEACH, FL 32966 US

New Principal Place of Business:

Current Mailing Address:

1416 82ND AVE.
VERO BEACH, FL 32966 US

New Mailing Address:

FEI Number: 59-1053699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, ROBERT W
1416 82ND AVE.
UNIT #86
VERO BEACH, FL 32966 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:	D	( ) Delete
Name:	NOLTE, DAVID	
Address:	900 ROYAL PALM PLACE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	HOLLAND, BILL	
Address:	6255 53RD ST	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	RICHARDT, HUGH	
Address:	480 10TH AVE.	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	P/D	( ) Delete
Name:	STEVENS, RICHARD C	
Address:	1416 82ND AVE #97	
City-St-Zip:	VERO BEACH, FL 32966	
Title:	D	( ) Delete
Name:	REDSTONE, PAUL	
Address:	P.O. BOX 310 N/A	
City-St-Zip:	VERO BEACH, FL	
Title:	VP	( ) Delete
Name:	BECKLEY, JIM	
Address:	PO BOX 2459	
City-St-Zip:	VERO BEACH, FL 32961	

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:	D	(X) Change ( ) Addition
Name:	STEVENS, BEVERLY L	
Address:	1416 82ND AVE #97	
City-St-Zip:	VERO BEACH, FL 32966	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P/D	(X) Change ( ) Addition
Name:	BECKLEY, JIM	
Address:	PO BOX 2459	
City-St-Zip:	VERO BEACH, FL 32961	

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARALYN STEVENS DIR 01/24/2007

Electronic Signature of Signing Officer or Director — Date