


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90073 047 ****61.25

DOCUMENT # F04000004057

1. Entity Name
BRAVE KIDS, INC.



Principal Place of Business
 1592 UNION STREET
 SAN FRANCISCO, CA 94123

Mailing Address
 1208 LAKE COURT COVE
 PONTE VEDRA BEACH, FL 32082

50015103



2. Principal Place of Business
151 SAWGRASS CORNERS DR.

3. Mailing Address
151 SAWGRASS CORNERS DR.

Suite, Apt. #, etc.
SUITE 204

01192005 Chg-NP CR2E037 (10/03)

City & State
PONTE VEDRA BEACH, FL

City & State
PONTE VEDRA BEACH FL

Zip
32082

Country
USA

4. FEI Number
94-3388832

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEWIS, RICHARD Q III, ESQ
780 N. PONCE DE LEON BLVD
ST AUGUSTINE, FL 32085-3007

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FITZGERALD, KRISTEN | |
| STREET ADDRESS | 1208 LAKE COVE COURT | |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HALSTED, SCOTT | |
| STREET ADDRESS | 3000 SAND HILL ROAD | |
| CITY-ST-ZIP | MENLO PARK, CA 94025 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BEEKMAN, PHILLIP E | |
| STREET ADDRESS | 6693 E PLEASANT RUN, PARKWAY SOUTH DRIVE | |
| CITY-ST-ZIP | INDIANAPOLIS, IN 46219 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FITZGERALD, KRISTEN | |
| STREET ADDRESS | 1113 S. MARSHWIND WAY | |
| CITY-ST-ZIP | PONTEVEDRA BEACH, FL 32082 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing 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 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 all other like empowered.

SIGNATURE: Kristen Fitzgerald **2/9/2005** **904-827-9571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #