


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # F04000004057  
 1. Entity Name  
 BRAVE KIDS, INC.



Principal Place of Business 151 SAWGRASS CORNERS DR SUITE 204 PONTE VEDRA BEACH, FL 32082	Mailing Address 151 SAWGRASS CORNERS DR SUITE 204 PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE IN THIS SPACE**



03142006 No Chg-NP CR2E037 (11/05)

4. FEI Number 94-3388832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE IN THIS SPACE**

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 re/instating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

UN00000553746  
 05/15/06-80065-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FITZGERALD, KRISTEN 1113 S MARSHWIND WAY PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALSTED, SCOTT 3000 SAND HILL ROAD MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEEKMAN, PHILLIP E 8693 E PLEASANT RUN, PARKWAY SOUTH DRIVE INDIANAPOLIS, IN 46219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 another I am empowered.

SIGNATURE: *Kristen Fitzgerald* 4/26/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #