


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90054 034 ****70.00

| | | | | | |
|--|--|---|--|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03302007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 94-3388832 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fes. Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LEWIS, RICHARD Q III, ESQ 780 N. PONCE DE LEON BLVD ST AUGUSTINE, FL 32085-3007 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.28 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FITZGERALD, KRISTEN | | NAME | Paul Cosgrave | |
| STREET ADDRESS | 1113 S MARSHWIND WAY | | STREET ADDRESS | 1129 Ponte Vedra Blvd. | |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 | | CITY-ST-ZIP | Ponte Vedra Beach, FL 32082 | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HALSTED, SCOTT | | NAME | Bruce Jones | |
| STREET ADDRESS | 3000 SAND HILL ROAD | | STREET ADDRESS | 2267 South Brook Dr. | |
| CITY-ST-ZIP | MENLO PARK, CA 94025 | | CITY-ST-ZIP | Orange Park, FL 32003 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEEKMAN, PHILLIP E | | NAME | | |
| STREET ADDRESS | 6693 E PLEASANT RUN, PARKWAY SOUTH DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIANAPOLIS, IN 46219 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 all other I am empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | Date: 5/14/07 | | Daytime Phone # | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |