

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004985

FILED
Jul 09, 2007
Secretary of State

Entity Name: KIDSPEACE SERVICES, INC.

Current Principal Place of Business:

5300 KIDSPEACE DRIVE
OREFIELD, PA 18069

New Principal Place of Business:

3438 ROUTE 309
OREFIELD, PA 18069

Current Mailing Address:

5300 KIDSPEACE DRIVE
OREFIELD, PA 18069

New Mailing Address:

3438 ROUTE 309
OREFIELD, PA 18069

FEI Number: 76-0832623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PC () Delete
Name: HENDERSON, LORRIE
Address: 5300 KIDSPEACE DRIVE
City-St-Zip: OREFIELD, PA 18069

Title: VC () Delete
Name: MARCIANO, DIANE
Address: 5300 KIDSPEACE DRIVE
City-St-Zip: OREFIELD, PA 18069

Title: VD () Delete
Name: SLACK, MICHAEL
Address: 5300 KIDSPEACE DRIVE
City-St-Zip: OREFIELD, PA 18069

Title: S () Delete
Name: SLATTERY, PATRICK
Address: 5300 KIDSPEACE DRIVE
City-St-Zip: OREFIELD, PA 18069

Title: T () Delete
Name: BOYER, RICHARD
Address: 5300 KIDSPEACE DRIVE
City-St-Zip: OREFIELD, PA 18069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: HENDERSON, LORRIE
Address: 4085 INDEPENDENCE DRIVE
City-St-Zip: SCHNECKSVILLE, PA 18078

Title: EVP (X) Change () Addition
Name: SLACK, MICHAEL
Address: 4085 INDEPENDENCE DRIVE
City-St-Zip: SCHNECKSVILLE, PA 18078

Title: AS (X) Change () Addition
Name: GAYLE, NORRIS
Address: 4085 INDEPENDENCE DRIVE
City-St-Zip: SCHNECKSVILLE, PA 18078

Title: S (X) Change () Addition
Name: SLATTERY, PATRICK
Address: 4085 INDEPENDENCE DRIVE
City-St-Zip: SCHNECKSVILLE, PA 18078

Title: T (X) Change () Addition
Name: HULSIZER, KEVIN
Address: 3438 ROUTE 309
City-St-Zip: OREFIELD, PA 18069

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN HULSIZER

T

07/09/2007

Electronic Signature of Signing Officer or Director

Date