

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 04, 2010  
Secretary of State**

DOCUMENT# F08000005060

Entity Name: KINSHIP4KIDS, INC.

**Current Principal Place of Business:**

4006 SYLVAN COURT  
FLOYDS KNOBS, IN 47119

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 695  
FLOYDS KNOBS, IN 47119

**New Mailing Address:**

FEI Number: 26-3127494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKE, TIMOTHY  
5289 KEYSVILLE AVE.  
SPRING HILL, FL 34608      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: PRES  
Name: BURKE, KATHY  
Address: 4006 SYLVAN COURT  
City-St-Zip: FLOYDS KNOBS, IN 47119

Title: SECR  
Name: SMITH, LORI  
Address: 142 N. CRESTMOOR AVE.  
City-St-Zip: LOUISVILLE, KY 40206

Title: TREA  
Name: BYRNE, TERRY  
Address: 8900 INDIAN BLUFF RD. NE  
City-St-Zip: GEORGETOWN, IN 47122

I hereby 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 all other like empowered.

SIGNATURE: KATHY BURKE

PRES

01/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date