

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040681

FILED
Jan 05, 2011
Secretary of State

Entity Name: OUR KIDS TO YOURS LLC

Current Principal Place of Business:

4517 THORNWOOD CIRCLE
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

4371 NORTHLAKE BLVD
PMB 322
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 26-2476140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLO-VAN BALVEREN, KIM
4517 THORNWOOD CIRCLE
PALM BEACH GARDENS, FL 33418 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GALLO-VAN BALVEREN, KIM
Address: 4517 THORNWOOD CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGR
Name: TANZER, MICHELLE
Address: 21371 SWEET WATER LANE NORTH
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGR
Name: VAN MARTIN, SUSAN D
Address: 6911 69TH WAY
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGR
Name: GALLO, JEANNINE
Address: 129 WOODEN MILL TERRACE
City-St-Zip: JUPITER, FL 33458 US

Title: MGR
Name: EVERGREEN VENTURE CAPITOL LP
Address: BETH PEARCE - 520 S SEA LAKE LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM
Name: SELKIRK, ZOE M MRS
Address: 9162 VILLA PALMA LANE
City-St-Zip: PALM BEACH GARDENS, FL 3318 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIM GALLO VAN BALVEREN

MGRM

01/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date