

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000841

FILED
Apr 24, 2009
Secretary of State

Entity Name: KID FOCUS, INC.

Current Principal Place of Business:

5920 ALMOND TER.
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

PO BOX 16936
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-0979929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOATE, GAIL L PRES
5920 ALMOND TERR.
PLANTATION, FL 33318 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: D () Delete
Name: CHOATE, GAIL
Address: 5920 ALMOND TERR.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: KOPTONAK, IMELDA
Address: 5051 N. SABINA CANYON RD #125
City-St-Zip: TUCSON, AZ 85750

Title: D () Delete
Name: AMPS, JAMES
Address: P.O. BOX 820231
City-St-Zip: PEMBROKE PINES, FL 33082

Title: D () Delete
Name: CLARK, PAMELA L
Address: 2400 E. COMMERCIAL BLVD. SUITE 820
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: KING, BRIAN
Address: 600 SE 3RD AVE 11TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: LOWE, KIM
Address: 10200 SUNSET DR
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GAIL L CHOATE

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date