2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N00000001005

Entity Name: H.I.S. KIDS OF BREVARD, INC.

Current Principal Place of Business:

2820 BUSINESS CENTER BLVD
MELBOURNE, FL 32934

New Principal Place of Business:

620 VERBENIA DRIVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

PO BOX 41-0634
MELBOURNE, FL 329410634

New Mailing Address:

FEI Number: 59-3631233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SUNDIN, GLENN T
335 SO. PLUMOSA STREET,STE.A
MERITT ISLAND, FL 32952 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: PD ( ) Delete
Name: CALVERT, CARLA R
Address: 620 VERBENIA DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: MOON, ROBIN
Address: 450 OCEAN SPRAY AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VT ( ) Delete
Name: ZIMMERMAN, TERI
Address: 4065 REYNOLDS ROAD
City-St-Zip: MALABAR, FL 32950

Title: V ( ) Delete
Name: BUSBEY, CHRISTY
Address: 222 ALBERT AVE.
City-St-Zip: MELBOURNE, FL 32935

Title: VS (X) Delete
Name: BARNEY, JOANNE
Address: 1875 CRANE CREEK
City-St-Zip: VIERA, FL 32940

Title: D ( ) Delete
Name: CALVERT, RICHARD W
Address: 620 VERBENIA DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: MOON, ROBIN
Address: 450 OCEAN SPRAY AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VTS (X) Change ( ) Addition
Name: ZIMMERMAN, TERI
Address: 4065 REYNOLDS ROAD
City-St-Zip: MALABAR, FL 32950

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

Title: ( ) Change ( ) Addition
Name:
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 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: CARLA CALVERT PD 05/04/2006

Electronic Signature of Signing Officer or Director — Date