

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003019

FILED  
Mar 24, 2007  
Secretary of State

Entity Name: KIDS IN CRISIS INTERNATIONAL, INC.

## Current Principal Place of Business:

302 LAKE OSBORNE DRIVE  
#17  
LAKE WORTH, FL 33461

## New Principal Place of Business:

## Current Mailing Address:

302 LAKE OSBORNE DRIVE  
#17  
LAKE WORTH, FL 33461

## New Mailing Address:

FEI Number: 65-0998013      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FENLASON, SUZANNE  
302 LAKE OSBORNE DRIVE  
#17  
LAKE WORTH, FL 33461 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: ED ( ) Delete  
Name: FENLASON, JOHN D  
Address: 302 LAKE OSBORNE DRIVE APT. #17  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete  
Name: FENLASON, SUZANNE  
Address: 302 LAKE OSBORNE DRIVE APT. #17  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete  
Name: FENLASON, JARRED  
Address: 1034 PINELAKE DRIVE  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: UNG, OON SOO  
Address: 12918 GREEN CEDAR  
City-St-Zip: HELOTES, TX 78023

Title: D ( ) Delete  
Name: RASKU, JULIE  
Address: 671 BLACK BEAR COVE  
City-St-Zip: CLYDE, NC 28721

## 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  
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: JOHN D. FENLASON

ED

03/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date