


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N00000004077 1. Entity Name PACE AREA RECREATION FOR KIDS, INC. |  |
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| Principal Place of Business 4960 FOREST CREEK DRIVE PACE, FL 32571 | Mailing Address 4960 FOREST CREEK DRIVE PACE, FL 32571 |
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04252005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3652364 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent FORTUNE, MARY STEWART 4960 FOREST CREEK DRIVE PACE, FL 32571 |
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FORTUNE, MARY STEWART 4960 FOREST CREEK DR PACE, FL 32571 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LABOMARD, KELLY 3629 SWEET BAY DR PACE, FL 32571 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SHELL, STEPHEN 5748 ENGLISH TURN DR PACE, FL 32571 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FORTUNE, TERRY L 4960 FOREST CREEK DR PACE, FL 32571 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000350556
05/02/05-80110-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Stewart Fortune Mary Stewart Fortune 4.25.05 (850) 495-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #