

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000004183****1. Entity Name**
COVENANT KID'S MANOR INC.

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|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business 11024 WURDERMANN'S WAY ORLANDO FL 32825 | Mailing Address 11024 WURDERMANN'S WAY ORLANDO FL 32825 |
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| 2. Principal Place of Business 11024 WURDERMANN'S WAY | 3. Mailing Address 11024 WURDERMANN'S WAY |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
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|---------------------------------------|---------------------------------------|
| City & State ORLANDO FL | City & State ORLANDO FL |
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|---------------------|----------------|---------------------|----------------|
| Zip 32825 | Country | Zip 32825 | Country |
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| 4. FEI Number 59-3664515 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent WEBSTER CYNTHIA M 11024 WURDERMANN'S WAY ORLANDO FL 32825 | 7. Name and Address of New Registered Agent Name WEBSTER CYNTHIA M Street Address (P.O. Box Number is Not Acceptable) 11024 WURDERMANN'S WAY City ORLANDO FL Zip Code 32825 |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) | 04/15/2001 DATE |
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|-------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table> | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <table border="1"><tr><td>TITLE</td><td>D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>SPENCER NORMAN</td></tr><tr><td>STREET ADDRESS</td><td>929L HAMILTON DRIVE</td></tr><tr><td>CITY-ST-ZIP</td><td>HOMESTEAD FL 33034</td></tr></table> | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | SPENCER NORMAN | STREET ADDRESS | 929L HAMILTON DRIVE | CITY-ST-ZIP | HOMESTEAD FL 33034 |
| TITLE | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | |
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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)(f), 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.

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|----------------------------------------|-------------------|
| SIGNATURE: CYNTHIA M WEBSTER PD | 04/15/2001 |
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CR2E037 (11/00)