

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N00000004794

Entity Name: ALL CHILDREN 'R' GIFTED, INC.

Current Principal Place of Business:

C/O 4707 - 6TH STREET SOUTH
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

C/O 4707 - 6TH STREET SOUTH
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING (MTD), M.E.
4707 - 6TH STREET SOUTH
ZEPHYRHILLS, FL 33542 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: MD () Delete
Name: KING, MARIELLE E MTD
Address: 4707 6TH ST. SO.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: BROWN, SHERRI
Address: 2410 WILLIAMS RD
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: GREEN, SIDNEY RICHARD
Address: 8613 CATTAIL DR
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: KING, MARIELLE E MTD
Address: 4707 6TH ST. SO.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D (X) Change () Addition
Name: BROWNKATZ, SHERRI
Address: 2410 WILLIAMS RD
City-St-Zip: PLANT CITY, FL 33565

Title: D (X) Change () Addition
Name: GREEN, SIDNEY R
Address: 8613 CATTAIL DR
City-St-Zip: TAMPA, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIELLE E. KING-MTD

MD

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date