

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2008  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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 33542 US

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

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

**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:

I hereby certify that the information supplied with this filing does not qualify 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: M. E. KING (MTD)

MD

04/27/2008

Electronic Signature of Signing Officer or Director

Date