2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004995

Entity Name: STELLAR KIDS INC.

FILED May 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7394 HAZELWOOD CR LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 7394 HAZELWOOD CR LAKE WORTH, FL 33467 FEI Number: 65-1094806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MISTRETTA, JOHN 7394 HAZELWOOD CR LAKE WORTH, FL 33467 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MISTRETTA, JOHN MISTRETTA, JOHN Name: Name: 7394 HAZELWOOD CR Address: 7394 HAZELWOOD CR Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: Title: () Delete () Change () Addition Name: BLOCKSON, PAUL Name: Address: 1802 PIERCE DR Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: () Change () Addition INGERSOLL, KATHLEEN Name: Name: Address: 7394 HAZLEWOOD CR Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: () Delete Title: Title: () Change () Addition CARSWELL, KENNETH Name: Name: 5864 TRIPHAMMER ROAD Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition HOFFMAN, RICK Name: Name: 1324 GRSVENTURE CT Address: Address: City-St-Zip: FREEMONT, CA City-St-Zip: Title: () Delete Title: () Change () Addition SCHILLACE, ANTHONY Name: Name: Address: 7427 KINGSLEY CT Address: LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip:

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: CARLTON SMITH P 05/19/2004

CARLTON SMITH 8515 W EGRETTE WAY LAKE WORTH, FLA. 33467