2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N00000004995

Entity Name: STELLAR KIDS INC.

Current Principal Place of Business:

7394 HAZELWOOD CR
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7394 HAZELWOOD CR
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-1094806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MISTRETTA, JOHN
7394 HAZELWOOD CR
LAKE WORTH, FL 33467 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: D ( ) Delete
Name: MISTRETTA, JOHN
Address: 7394 HAZELWOOD CR
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: BLOCKSON, PAUL
Address: 1802 PIERCE DR
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: CARSWELL, KENNETH
Address: 5864 TRIPHAMMER ROAD
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: ISAACS, TERRY
Address: 5200 LYONS ROAD
City-St-Zip: LAKE WORTH, FL 33467

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:

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: JOHN MISTRETTA DIR. 05/02/2009
Electronic Signature of Signing Officer or Director — Date