

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90217 009 \*\*\*\*75.00

UNIFORM

DOCUMENT # **N00000004995**

1. Entity Name  
**STELLAR KIDS INC.**



Principal Place of Business  
**7394 HAZELWOOD CR  
LAKE WORTH FL 33467**

Mailing Address  
**7394 HAZELWOOD CR  
LAKE WORTH FL 33467**

2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address  
**SAME AS ABOVE**

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-1094806**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MISTRETTA, JOHN  
7394 HAZELWOOD CR  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MISTRETTA, JOHN</b>	
STREET ADDRESS	<b>7394 HAZELWOOD CR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLOCKSON, PAUL</b>	
STREET ADDRESS	<b>1802 PIERCE DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>INGERSOLL, KATHLEEN</b>	
STREET ADDRESS	<b>7394 HAZLEWOOD CR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARSWELL, KENNETH</b>	
STREET ADDRESS	<b>5864 TRIPHAMMER ROAD</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, RICK</b>	
STREET ADDRESS	<b>1324 GRSVENTURE CT</b>	
CITY-ST-ZIP	<b>FREEMONT CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHILLACE, ANTHONY</b>	
STREET ADDRESS	<b>7427 KINGSLEY CT</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *JOHN MISTRETTA*

5/13/03 561 966 0720

CR2E037 (10/02)