2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# N00000006814

Entity Name: HIS KIDS, TOO, INC.

Current Principal Place of Business:

2330 CLARE RD
TALLAHASSEE, FL 32309

New Principal Place of Business:

2330 CLARE DR
TALLAHASSEE, FL 32309

Current Mailing Address:

PMB #180
3491 THOMASVILLE ROAD
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3676028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILLMON, TERESA
2330 CLARE DRIVE
TALLAHASSEE, FL 32309 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: PTDM ( ) Delete
Name: FILLMON, TERESA
Address: 2330 CLARE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VMDT ( ) Delete
Name: FILLMON, JAMES R
Address: 2330 CLARE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: CMD ( ) Delete
Name: ALLISON, LYNN
Address: KOMMUNRSTICHESKAYA 24-64
City-St-Zip: DONETSK, UKRAINE, UK 83044

Title: CMD ( ) Delete
Name: GRAHAM, RAY
Address: KOMMUNRSTICHESKAYA 24-64
City-St-Zip: DONETSK, UKRAINE, UK 83044

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: FILLMON, JAMES R
Address: 2330 CLARE DR.
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: DB ( ) Change (X) Addition
Name: DOEDERLEIN, DAVE
Address: 3479 PARKERS DR.
City-St-Zip: WOODBURY, MN 55125

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA C. FILLMON PTDM 02/03/2006

Electronic Signature of Signing Officer or Director — Date