2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007899

Entity Name: SIDEKICK FOUNDATION, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8210 WILES RD. CORAL SPRINGS, FL 33067 **Current Mailing Address: New Mailing Address:** 4630 N. UNIVERSITY DR. #322 CORAL SPRINGS, FL 33067 FEI Number: 65-1059560 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: SHEEHAN, ROSE ESQ. 2826 N. UŃIVERSITY DR CORAL SPRINGS, FL 33065 US 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: (X) Change () Addition () Delete PRYOR, ARTHUR PRYOR, ARTHUR Name: Name: 4670 W. LEITNER DR Address: 4887 KENSINGTON CIRCLE Address: City-St-Zip: CORAL SPRINGS, FL 32067 City-St-Zip: CORAL SPRINGS, FL 33076 Title: () Delete Title: () Change () Addition LEWEN, GREG A Name: Name: Address: 5261 N. 37 ST. Address: HOLLYWOOD, FL 33021 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete PRYOR, PAT PRYOR, PAT Name: Name: Address: 4670 W. LEITNER DR Address: 4887 KENSINGTON CIRCLE City-St-Zip: CORAL SPRINGS,, FL 33067 City-St-Zip: CORAL SPRINGS,, FL 33076 Title: () Delete Title: () Change () Addition Name: SHEEHAN, ROSE Name: Address: 6480 N.W. 105TH TERR. Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: Title: () Delete Title: (X) Change () Addition LAUFGAS, JENNIFER LAUFGAS, JENNIFER Name: Name: 2800 SW WILLISTON RD. 3700 SW 27 ST #E306 Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: () Change () Addition GLUCK, GERALD Name: Name: Address: 1212 N.W. 126TH TERR. Address: SUNRISE, FL 33323 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 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: ARTHUR PRYOR PRES 01/09/2006