2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00374

FILED Apr 18, 2004 Secretary of State

Entity Name: KIDS INTERNATIONAL DONORS SOCIETY (K.I.D.S.), INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
******	BBEAN RD ******************* ACH, FL 33480	**************************************			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	BBEAN ROAD ACH, FL 33480	US			
FEI Number:	59-2358942	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
217 CÁRIB PALM BEA	RIFFIS S PD BBEAN ROAD CH, FL 33480				
	named entity s of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF					
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ZULLO, KATHRY 17 BERWICK RI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () GRIFFIS, NIXON 217 CARIBBEAN PALM BEACH, F	I ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HAGLUND, DAVI 1601 GEORGIA W. PALM BEACI	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ZULLO, ALLAN 17 BERWICK RI		Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:	PALIVI BUT GAR	DENO, 1 E 35410 05	- · · · · · · · · · · · · · · · · · · ·		

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: NIXON S. GRIFFIS PD 04/18/2004