2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006
Secretary of State

DOCUMENT# N01000001555

Entity Name: KIDS AGAINST CRIME ONLINE, INC.

Current Principal Place of Business:

PO BOX 15915
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

PO BOX 15915
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 27-0027743 **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:

PEACOCK, VALERIE L
1202 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PEACOCK, VALERIE L
15915
TALLAHASSEE, FL 32317 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: VALERIE PEACOCK 05/08/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: PEACOCK, VALERIE L
Address: PO BOX 15915
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: PEACOCK, VALERIE J
Address: PO BO 15915
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Delete
Name: PEACOCK, WILLIAM S
Address: PO BOX 15915
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PEACOCK, VALERIE J
Address: PO BOX 15917
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Change ( ) Addition
Name:
Address:
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: VALERIE PEACOCK PTSD 05/08/2006
Electronic Signature of Signing Officer or Director Date