2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002052

Entity Name: P.A.T.'S KIDS CLUB, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1295 14 AVE N NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

P.O. BOX 11494 NAPLES, FL 34101

FEI Number: 59-3712845 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:

FRANKLIN, RICHARD
30003 TAMIAMI TR N, #300
NAPLES, FL 34102 US

GARNETT, DEBORAH
430 2ND. AVE. N.
NAPLES, FL 34102 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: DEBI GARNETT 01/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

BEANE, JOHN

1700 CASEY KEY DR.

PUNTA GORDA, FL 33950

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GARNETT, DEBI

430 2ND AVE. N.

NAPLES, FL 34102

PD PD () Delete (X) Change () Addition GARNETT, DEBI BEANE, JOHN Name: Name: Address: 1295 14 AVE N Address: 1700 CASEY KEY DR. City-St-Zip: NAPLES, FL 34102 City-St-Zip: PUNTA GORDA, FL 33950 Title: TD () Delete Title: () Change () Addition Name: NICK, PAUL Name: Address: 2400 TAMIAMI TRL N. Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: () Delete Title: () Change () Addition MUSTARI, TANYA Name: Name: 5811 12TH AVE. SW Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: () Delete Title: Title: () Change () Addition MCDOWELL, TODD Name: Name: 553 GALLEON DR. Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition SOHN, CRAIG Name: Name: 5801 PELICAN BAY BLVD. Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TANYA MUSTARI S 01/04/2005