## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002123

Entity Name: FOR BRIGHT KIDS, INC.

FILED Apr 12, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: 4224 LEEWARD POINT** JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** PO BOX 16175 JACKSONVILLE, FL 32245 FEI Number: 31-1789095 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: MARSHALL, ALAN M **4224 LEEWARD POINT** JACKSONVILLE, FL 32225 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: () Change () Addition () Delete BENNETT, MICHAEL Name: Name: 11354 CANVASBACK CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition PARSONS, CHERI Name: SPRINKLE, SHIRLEY Name: Address: 5501 UNIVERSITY CLUB BLVD N #215 Address: 10176 HERNDON RD City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32246 Title: () Delete Title: SD (X) Change ( ) Addition DEVAUGHN, CONSTANCE HARRIS, BOBBIE Name: Name: 2654 LOWELL AV 2005 WOODLEIGH DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: JACKSONVILLE, FL 32211 ( ) Delete Title: TD Title: () Change () Addition Name: MARSHALL, ALAN Name: 4224 LEEWARD POINT Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition MULLARKY, PAM SHIMP, JEAN Name: Name: 14149 PINE ISLAND DR 1005 N 14TH ST Address: Address: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DEVAUGHN, CONSTANCE SPRINKLE, SHIRLEY Name: Name: Address: 10176 HERNDON RD. Address: 2654 LOWELL AV

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.

City-St-Zip:

SIGNATURE: ALAN M. MARSHALL TD 04/12/2006

JACKSONVILLE, FL 32246

City-St-Zip:

JACKSONVILLE, FL 32254