2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N01000002123

Entity Name: FOR BRIGHT KIDS, INC.

Current Principal Place of Business:

4224 LEEWARD POINT
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

PO BOX 16175
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 31-1789095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSHALL, ALAN M
4224 LEEWARD POINT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: BENNETT, MICHAEL
Address: 11354 CANVASBACK CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD ( ) Delete
Name: SPRINKLE, SHIRLEY
Address: 10176 HERNDON RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete
Name: HARRIS, BOBBIE
Address: 2005 WOODLEIGH DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD ( ) Delete
Name: MARSHALL, ALAN
Address: 4224 LEEWARD POINT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: SHIMP, JEAN
Address: 1005 N 14TH ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: DEVAUGHN, CONSTANCE
Address: 2654 LOWELL AV
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: HARRIS, BOBBIE
Address: 2005 WOODLEIGH DR
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: SD (X) Change ( ) Addition
Name: SHIMP, JEAN
Address: 1005 N 14TH ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: ALAN MARSHALL TD 04/18/2007

Electronic Signature of Signing Officer or Director — Date