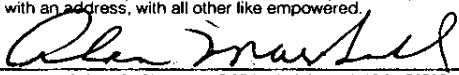


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90020 040 ****61.25

DOCUMENT # N01000002123 1. Entity Name FOR BRIGHT KIDS, INC.					
Principal Place of Business 4224 LEEWARD POINT JACKSONVILLE, FL 32225				Mailing Address PO BOX 16175 JACKSONVILLE, FL 32245	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1789095	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARSHALL, ALAN M 4224 LEEWARD POINT JACKSONVILLE, FL 32225				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BENNETT, MICHAEL			NAME	
STREET ADDRESS	11354 CANVASBACK CT			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225			CITY-ST-ZIP	
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SPRINKLE, SHIRLEY			NAME	
STREET ADDRESS	10176 HERNDON RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP	
TITLE	D	☒ Delete		TITLE	☐ Change ☐ Addition
NAME	HARRIS, BOBBIE			NAME	
STREET ADDRESS	2005 WOODLEIGH DR			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211			CITY-ST-ZIP	
TITLE	TD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MARSHALL, ALAN			NAME	
STREET ADDRESS	4224 LEEWARD POINT			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225			CITY-ST-ZIP	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SHIMP, JEAN			NAME	
STREET ADDRESS	1005 N 14TH ST			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DEVAUGHN, CONSTANCE			NAME	
STREET ADDRESS	2654 LOWELL AV			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32254			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				4/10/2008 904 651-4664	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	