

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003378

FILED
May 30, 2006
Secretary of State

Entity Name: KINGDOM KIDS, INC.

Current Principal Place of Business:

6415-C NORTH PEARL ST.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

6415-C NORTH PEARL ST.
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3721088 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:

BRINKLEY, DEBORAH A
11780 MALLARD LANE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

FREEMAN, CHARLES D
2456 ELLINGTON AVENUE
JACKSONVILLE, FL 32209 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: CHARLES D. FREEMAN

05/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPEIGHT, ANTHONY L DR.
Address: 6415-C NORTH PEARL ST.
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD () Delete
Name: MOORE, VANESSA
Address: 10349 PLANTERS WOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: HENDLEY, LONNIE B
Address: 1388 AGNES RD.
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DR. ANTHONY L. SPEIGHT

PD

05/30/2006

Electronic Signature of Signing Officer or Director

Date