## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003378

1388 AGNES RD.

City-St-Zip: JACKSONVILLE, FL 32208

Address:

FILED May 01, 2009 Secretary of State

Entity Nar	me: KINGDOM KIDS, INC.		•	
Current P	rincipal Place of Business:	New Principal Plac	e of Business:	
	ORTH PEARL ST. VILLE, FL 32208			
Current M	ailing Address:	New Mailing Addre	ss:	
	DRTH PEARL ST. VILLE, FL 32208			
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not rec	•	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
2456 ELLIN JACKSON The above	I, CHARLES D NGTON AVENUE VILLE, FL 32209 US named entity submits this statement for the purpo	ose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete SPEIGHT, ANTHONY L DR. 6415-C NORTH PEARL ST. JACKSONVILLE, FL 32208	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () Delete MOORE, VANESSA 10349 PLANTERS WOOD DRIVE JACKSONVILLE, FL 32218	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DR. ANTHONY L. SPEIGHT CEO 05/01/2009