2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003526

Entity Name: KIDS KICKIN' FOR CHRIST, INC.

FILED Jul 06, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6566 SE FEDERAL HWY STUART, FL 34997

Current Mailing Address: New Mailing Address:

6566 SE FEDERAL HWY STUART, FL 34997

FEI Number: 65-1098169 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:

DEETS, BARRY M ESQ 7000 SE FEDERAL HWY STE 310 STUART, FL 34997 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:

Flacture is Circulated at Devictor of Assert

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 MORRIS, STEPHEN
 Name:
 MORRIS, STEPHEN

 Address:
 8808 SE RIGDON WAY
 Address:
 5782 SE CABLE DR.

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:
 STUART, FL 34997 US

Title: DST () Delete Title: DST (X) Change () Addition Name: MORRIS, BRIANNE Name: MORRIS, BRIANNE Address: 8808 SE RIGDON WAY Address: 5782 SE CABLE DR.

 Address:
 8808 SE RIGDON WAY
 Address:
 5782 SE CABLE DR.

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:
 STUART, FL 34997 US

Title: D () Delete Title: () Change () Addition

 Name:
 CANCIO, JOSE
 Name:

 Address:
 3445 SW SUNSET TRACE CIRCLE
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRIANNE J. MORRIS DST 07/06/2004