
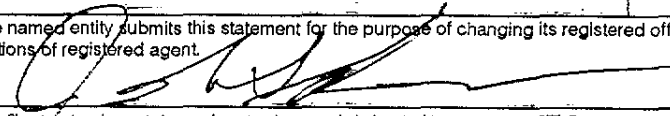
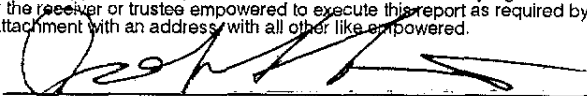


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------|--|--|---|--|
| DOCUMENT # N01000003772 | | | |  | |
| 1. Entity Name CRUISERS FOR KIDS, INC. | | | | | |
| Principal Place of Business 615 ROCHESTER ST OVIEDO FL 32765 | | | Mailing Address 615 ROCHESTER ST OVIEDO FL 32765 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 94-3399217 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SMITH, JOHN S 615 ROCHESTER ST. OVIEDO FL 32765 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | State 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  | | Date 2-4-2005 | | | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | CEO | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMITH, JOHN S | | NAME | | |
| STREET ADDRESS | 615 ROCHESTER ST. | | STREET ADDRESS | | |
| CITY - ST - ZIP | DELTONA FL 32725 | | CITY - ST - ZIP | 000000228936 02/14/05-80058-011 61.25 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMITH, JOAN M | | NAME | | |
| STREET ADDRESS | 615 ROCHESTER ST. | | STREET ADDRESS | | |
| CITY - ST - ZIP | DELTONA FL 32725 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BROCKMAN, JERRY | | NAME | | |
| STREET ADDRESS | 615 ROCHESTER ST. | | STREET ADDRESS | | |
| CITY - ST - ZIP | DELTONA FL 32725 | | CITY - ST - ZIP | | |
| TITLE | DCEO | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOWARD, DON | | NAME | | |
| STREET ADDRESS | 615 ROCHESTER ST. | | STREET ADDRESS | | |
| CITY - ST - ZIP | DELTONA FL 32725 | | CITY - ST - ZIP | | |
| TITLE | DCEO | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RICHARDSON, KATHERINE | | NAME | | |
| STREET ADDRESS | 615 ROCHESTER ST. | | STREET ADDRESS | | |
| CITY - ST - ZIP | DELTONA FL 32725 | | CITY - ST - ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHAPO, ANTONETTE | | NAME | | |
| STREET ADDRESS | 615 ROCHESTER ST. | | STREET ADDRESS | | |
| CITY - ST - ZIP | DELTONA FL 32725 | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  | | Date 2/4/2005 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |