

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005885

FILED
Apr 21, 2008
Secretary of State

Entity Name: KIDS KARATE & CULTURAL DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

JIM WARD COMMUNITY CENTER
301 NW 46TH AVE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

2563 NW 49TH AVENUE
#105
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 03-0386876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYNN, ROBBIN E PD
2563 NW 49TH AVENUE
APT. #105
LAUDERDALE LAKES, FL 33313 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: WYNN, ROBBIN E
Address: 2563 NW 49TH AVENUE, #105
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: V/D () Delete
Name: LESTER, KEITH
Address: 751 NW 75TH STREET
City-St-Zip: MIAMI, FL 33150

Title: ST () Delete
Name: COMRIE, CECIL
Address: 7441 TAM OSHANTER BLVD.
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: LYONS, PATRICIA
Address: 2565 NW 49TH AVENUE
City-St-Zip: LAUDERDALE LKS, FL 33313

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:

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

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.

SIGNATURE: ROBBIN E. WYNN

P/D

04/21/2008

Electronic Signature of Signing Officer or Director

Date