


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90011 039 ****61.25

DOCUMENT # N01000006047		
1. Entity Name SHARING FOR KIDS, INC.		

Principal Place of Business 3928 ADRA AVE DORAL, FL 33178	Mailing Address 3928 ADRA AVE DORAL, FL 33178
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40035300



03192006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-1136846	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRUCCO-RUEDA, VICTORIA 3928 ADRA AVE DORAL, FL 33178		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 March 18, 2006

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD TRUCCO-RUEDA, VICTORIA 3928 ADRA AVE DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Trucco, Victoria <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3928 Adra Ave Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMILIANI, MARGARITA <input checked="" type="checkbox"/> Delete 7880 SW 86 STREET, UNIT 2 DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roman, Ariel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13720 S.W. 90 Ave #B Miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARGULO, SANDRA <input checked="" type="checkbox"/> Delete 11405 NW 62 TERRACE, APT 238 DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pardey, Rosario <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9951 S.W. 154 Avenue Miami, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTELLANOS, CLAUDIA <input type="checkbox"/> Delete 10710 NW 66 STREET, APT 101 DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Del Rio, Claudia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10710 N.W. 66 Street apt 101 Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIER, ROSMERY <input type="checkbox"/> Delete 12085 NW 135 TERRACE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Olier, Rosmery <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12461 S.W. 125 court Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Victoria Trucco** **March 18, 2006** **305-5254671**