

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006049

FILED
Jan 10, 2005
Secretary of State

Entity Name: KIDS CAN SAVE FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 2399
FORT LAUDERDALE, FL 33303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2399
FORT LAUDERDALE, FL 33303 US

New Mailing Address:

FEI Number: 65-1131694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUM, SAMUEL S
2666 TIGERTAIL AVENUE SUITE 106
COCONUT GROVE, FL 33133 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: D/D () Delete
Name: PEREZ, ANTHONY C MR
Address: PO BOX 2399
City-St-Zip: FORT LAUDERDALE, FL 33303 US

Title: P/D () Delete
Name: HOPES, JAMES R MR
Address: 509 POINCIANA DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: V/D () Delete
Name: HOPES, DEBORAH L MS
Address: 181 LONGHILL ROAD #P7
City-St-Zip: LITTLE FALLS, NJ 07424 US

Title: S/D () Delete
Name: BLOSS, FLORIANA M MS
Address: 3002 RUNNYMEDE DRIVE
City-St-Zip: PLYMOUTH MEETING, PA 19462 US

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 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: ANTHONY C PEREZ

D/D

01/10/2005

Electronic Signature of Signing Officer or Director

Date