


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N01000006681 1. Entity Name SONJI'S KIDI CARE INC. |  |
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| Principal Place of Business 827 SOUTH SPRING GARDEN AVENUE DELAND, FL 32720 US | Mailing Address 827 SOUTH SPRING GARDEN AVENUE DELAND, FL 32720 US |
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01122007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 30-0235453 | Applied For Not Applicable |
| 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 BRUTEN, SONJI 1231 W EUCLID AVE DELAND, FL 32720 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BRUTEN, SONJI 1231 W EUCLID AVE DELAND, FL 32720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SOLOMON, RUBY 821 W BERESFORD AVE DELAND, FL 32720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BRUTEN, STEPHEN 1231 W EUCLID AVE DELAND, FL 32720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07

Date

Daytime Phone #