2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# N01000007004

Entity Name: GOODKIDS VILLAGE INCORPORATED

Current Principal Place of Business:

11415 HOPE INTERNATIONAL DRIVE
TAMPA, FL 336253963

New Principal Place of Business:

Current Mailing Address:

11415 HOPE INTERNATIONAL DRIVE
TAMPA, FL 336253963

New Mailing Address:

FEI Number: 23-3850458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFFER, AL
11415 HOPE INTERNATIONAL DR.
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

SCHAFFER, AL
11407 FAITH CIRCLE
TAMPA, FL 33625 US

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: _____ 02/23/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHAFFER, AL W
Address: 11429 FAITH CIR
City-St-Zip: TAMPA, FL 33625

Title: TD ( ) Delete
Name: CROPPER, TONY
Address: 11429 FAITH CIR
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: GEIST, DANIEL
Address: 11429 FAITH CIRCLE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHAFFER, AL W
Address: 11407 FAITH CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: TD (X) Change ( ) Addition
Name: HIGGINS, MATTHEW
Address: 11407 FAITH CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: D (X) Change ( ) Addition
Name: RIFFE, DAVID
Address: 11407 FAITH CIRCLE
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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: AL SCHAFFER PD 02/23/2007
Electronic Signature of Signing Officer or Director — Date