

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007004

FILED
Apr 16, 2008
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

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

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

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

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:

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: ALFRED SCHAFFER

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date