2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N01000007385

Entity Name: KIDS HELPING KIDS CLUB, INC.

Current Principal Place of Business:

3518 W. JEFFERSON ST
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3518 W. JEFFERSON ST.
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3754170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RILEY, KEITH
3518 W. JEFFERSON ST.
ORLANDO, FL 32805 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: RILEY, KEITH D DR.
Address: 3518 W. JEFFERSON ST
City-St-Zip: ORLANDO, FL 32805

Title: VD ( ) Delete
Name: RILEY, HIROMI Y
Address: 3518 W. JEFFERSON ST
City-St-Zip: ORLANDO, F 32805

Title: D ( ) Delete
Name: RILEY, FRANCES G
Address: 1770 NW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL

Title: D ( ) Delete
Name: ROLAND, KEVIN
Address: 2311 NW 23RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

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 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: DR. KEITH D. RILEY PD 05/12/2009
Electronic Signature of Signing Officer or Director — Date