

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002132

FILED
Feb 14, 2006
Secretary of State

Entity Name: KIDS INC. OF LAKE COUNTY

Current Principal Place of Business:

1333 E. 3RD. AVE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

PO BOX 34
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 59-3101574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEVENS, SUZANNE R
1333 E. 3RD. AVE.
MOUNT DORA, FL 32757 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: T () Delete
Name: DUPUIS, LINDA
Address: 702 BALMORAL CIR
City-St-Zip: LEESBURG, FL 34748

Title: P () Delete
Name: JOHNSON, RONNI
Address: 19004 CRANCE RD
City-St-Zip: ALTOONA, FL 32702

Title: V () Delete
Name: DUPUIS, LINDA
Address: 702 BALMORAL CIR
City-St-Zip: LEESBURG, FL 34748

Title: ED () Delete
Name: STEVENS, SUZANNE
Address: 1535 E 3RD AVE
City-St-Zip: MT DORA, FL 32706

Title: S () Delete
Name: BREWER, BELINDA
Address: 1570 MUIR CIR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DUPUIS, LINDA
Address: 702 BALMORAL CIR
City-St-Zip: LEESBURG, FL 34748

Title: P (X) Change () Addition
Name: JOHNSON, RONNI
Address: 19004 CRANE RD
City-St-Zip: ALTOONA, FL 32702

Title: S (X) Change () Addition
Name: FERDON, MICHELLE
Address: 2936 LAKE JO ANNA DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: ED (X) Change () Addition
Name: STEVENS, SUZANNE
Address: 1333 E 3RD AVE
City-St-Zip: MT DORA, FL 32757

Title: T (X) Change () Addition
Name: BREWER, BELINDA
Address: 1570 MUIR CIR
City-St-Zip: CLERMONT, FL 34711

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: SUZANNE STEVENS

ED

02/14/2006

Electronic Signature of Signing Officer or Director

Date