2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000002132

TI FILED
Oct 18, 2006
Secretary of State

Entity Name: KIDS INC. OF LAKE COUNTY

Current Principal Place of Business: New Principal Place of Business:

1333 E. 3RD. AVE

MOUNT DORA, FL 32757

Current Mailing Address: New Mailing Address:

PO BOX 34

MOUNT DORA, FL 32756

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEVENS, SUZANNE R 1333 E. 3RD. AVE. MOUNT DORA, FL 32757 US

OFFICERS AND DIRECTORS:

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: V (X) Change () Addition

 Name:
 DUPUIS, LINDA
 Name:
 BREWER, BELINDA

 Address:
 702 BALMORAL CIR
 Address:
 1570 MUIR CIR

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 CLERMONT, FL 34711

Title: P () Delete Title: () Change () Addition

 Name:
 JOHNSON, RONNI
 Name:

 Address:
 19004 CRANE RD
 Address:

 City-St-Zip:
 ALTOONA, FL 32702
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 FERDON, MICHELLE
 Name:
 STEVENS, SUZANNE

 Address:
 2936 LAKE JO ANNA DRIVE
 Address:
 1333 E 3RD AVE

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:
 MOUNT DORA, FL 32757

Title: ED () Delete Title: () Change () Addition

 Name:
 STEVENS, SUZANNE
 Name:

 Address:
 1333 E 3RD AVE
 Address:

 City-St-Zip:
 MT DORA, FL 32757
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 BREWER, BELINDA
 Name:

 Address:
 1570 MUIR CIR
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

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 10/18/2006