2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005605

Entity Name: KIDS HOPE UNITED-FLORIDA REGION, INC.

Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
- a	iton i inicipal i lace di Dacinico

1300 WEST CITIZENS BLVD SUITE 200 10720 CARIBBEAN BLVD

LEESBURG, FL 34748 SUITE 500

MIAMI, FL 33189 US

Current Mailing Address: New Mailing Address:

1300 WEST CITIZENS BLVD SUITE 200 10720 CARIBBEAN BLVD LEESBURG, FL 34748 SUITE 500

MIAMI, FL 33189 US

FEI Number: 54-2082539 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:

BOYETTE, WADE 1300 WEST CITIZENS BLVD SUITE 200 LEESBURG, FL 34748 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

(X) Change () Addition () Delete

SINNOTT, MARTIN SINNOTT, MARTIN Name: Name: 122 SOUTH MICHIGAN AVE, SUITE 1500 Address: 122 SOUTH MICHIGAN AVE, SUITE 1500 Address:

CHICAGO, IL 60603 CHICAGO, IL 60603 US

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition FERREIRA, JOE REV Name: PINO, JORGE Name:

Address: 112 WESTWOOD DRIVE Address: 4000 PONCE DE LEON BLVD. STE 470

City-St-Zip: LEESBURG, FL 34748 City-St-Zip: CORAL GABLES, FL 33146 US

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

PINO, JORGE E III Name: TOM, QUARLES Name:

4000 PONCE DE LEON BLVD, SUITE 470 150 FLAGLER ST, STE 2500 Address: Address:

City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: MIAMI, FL 33130 US

Title: () Delete Title: (X) Change () Addition Name: MORALES, ADRIANA DR Name: MORALES, ADRIANA DR

14695 BRADDOCK OAK DRIVE 10177 BLOOMSBURY AVE Address: Address:

ORLANDO, FL 32837 City-St-Zip: City-St-Zip: CORDOVA, TN 38016 US

Title: () Delete Title: (X) Change () Addition THOMLINSON, BARBARA DR THOMLINSON, BARBARA DR Name: Name: 17555 COLLINS AVENUE, APT. 605 17555 COLLINS AVENUE, APT. 605 Address: Address:

City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: () Delete Title: SATCHEL, FRANK R JR Name: Name: Address: 806 SE 3RD STREET Address: MULBERRY, FL 33860 City-St-Zip: 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: MARTIN SINNOTT Ρ 04/27/2006