

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006331

FILED
Apr 16, 2008
Secretary of State

Entity Name: KIDCARE AMERICA OF CALLAWAY, INC.

Current Principal Place of Business:

5718 CHERRY STREET
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

5718 CHERRY STREET
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 07-0684297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, DONALD
5718 CHERRY STREET
PANAMA CITY, FL 32404 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: PRICE, DONALD
Address: 5718 CHERRY STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: V () Delete
Name: PRICE, JOANN
Address: 5718 CHERRY STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: WINDSOR, GEORGE
Address: 5718 HICKORY ST.
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: HENDERSON, JOY
Address: 109 SIMS AVE
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TRENCH, PATRICK
Address: 11131 SEAMANS LANE
City-St-Zip: PANAMA CITY, FL 32404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HENDERSON, JOY
Address: 3950 C ARBOR TRACE DR
City-St-Zip: LYNN HAVEN, FL 32444

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: DONALD PRICE

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date