

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90045 048 \*\*\*\*80.00



**DOCUMENT # N02000007543**  
 1. Entity Name  
**BLOOMING PLACE FOR KIDS, INC.**

Principal Place of Business: **1868 1/2 DREW STREET CLEARWATER FL 33765**  
 Mailing Address: **1868 1/2 DREW STREET CLEARWATER FL 33765**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

4. FEI Number: **06-1650452**  
 Applied For:  Not Applicable:

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HORN, MARY JANICE Y**  
**1868 1/2 DREW STREET**  
**CLEARWATER FL 33765**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. #051E Registered Agent (copy and paste if more than one) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, MARY JANICE Y	
STREET ADDRESS	1108 COMMODORE ST	
CITY- ST- ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, JAMES C	
STREET ADDRESS	1108 COMMODORE ST	
CITY- ST- ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, JEANNE	
STREET ADDRESS	17622 PASTURE RD	
CITY- ST- ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	STULL, LAUREN	
STREET ADDRESS	301 ISLAND WAY #B	
CITY- ST- ZIP	CLEARWATER BEACH FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Janice Y. Horn* *1/22/08*