2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# N02000009635

Entity Name: CAMP K.I.D.S. FOUNDATION, INC,

Current Principal Place of Business:

9746 POPLARWOOD CT
ORLANDO, FL 82825

New Principal Place of Business:

860 N ORANGE AVE
177
ORLANDO, FL 32801

Current Mailing Address:

9746 POPLARWOOD CT
ORLANDO, FL 82825

New Mailing Address:

PO BOX 677188
ORLANDO, FL 32867

FEI Number: 14-1863452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DACHELET, ALYSON R ESQ.
888 S.E. THIRD AVENUE
SUITE 400
FT. LAUDERDALE, FL 33316 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:	D	( ) Delete
Name:	LEVINE, ALAN	
Address:	3241 ANGELS CLOVER ST.	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	FRIEDMAN, MATTHEW	
Address:	1912 TRISTAN DR.	
City-St-Zip:	SMYRNA, GA 30080	
Title:	DP	( ) Delete
Name:	GOLDEN, SCOTT	
Address:	9746 POPLARWOOD CT	
City-St-Zip:	ORLANDO, FL 32825	
Title:	D	( ) Delete
Name:	EMMETT, RANDALL	
Address:	8530 WILSHIRE BLVD STE 420	
City-St-Zip:	BEVERLY HILLS, CA 90211	
Title:	D	(X) Delete
Name:	DACHELET, ALYSON	
Address:	9600 CONCHSHELL MANOR	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: SCOTT GOLDEN PRES 05/02/2006

Electronic Signature of Signing Officer or Director — Date