

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009695

FILED  
Apr 10, 2012  
Secretary of State

Entity Name: KIDSWECARE, INC.

**Current Principal Place of Business:**

15001 ARBOR LAKE DRIVE E #203  
FT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

15001 ARBOR LAKE DRIVE E #203  
FT MYERS, FL 33917

**New Mailing Address:**

FEI Number: 65-1196842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMPSON, LINDA  
15001 ARBOR LAKE DRIVE E #203  
FT MYERS, FL 33917 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  
Name: CALVERT, BOBBY L  
Address: 4461 RIVER GROVE LN  
City-St-Zip: FT MYERS, FL 33905

Title: D  
Name: SIMPSON, LINDA  
Address: 15001 ARBOR LAKE DRIVE E #203  
City-St-Zip: FT MYERS, FL 33917

Title: D  
Name: O'CALLAGHAN, BRIAN  
Address: 1098 ANTIOCH GREENBRIAR ROAD  
City-St-Zip: ALVATON, KY 42122

I hereby 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 all other like empowered.

SIGNATURE: LINDA SIMPSON

D

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date