


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90023 046 \*\*\*\*61.25

<b>DOCUMENT # N03000000446</b>	
1. Entity Name <b>SPECIAL KIDS, INC.</b>	

Principal Place of Business <b>1125 CHAPARRAL DR. LADY LAKE, FL 32159</b>	Mailing Address <b>1125 CHAPARRAL DR. LADY LAKE, FL 32159</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01172005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>71-0909691</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KRAFT, BILLY E 1125 CHAPARRAL DR. LADY LAKE, FL 32159</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KRAFT, BILLY E</b>			NAME			
STREET ADDRESS	<b>1125 CHAPARRAL DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LADY LAKE, FL 32159</b>			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KERR, RODNEY B</b>			NAME			
STREET ADDRESS	<b>1140 CHAPARRAL DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LADY LAKE, FL 32159</b>			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVID, RONNIE C</b>			NAME			
STREET ADDRESS	<b>1804 ENRIQUE DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LADY LAKE, FL 32159</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Billy E Kraft **BILLY E. KRAFT** **352-750-5619**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #