




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90228 047 \*\*\*\*61.25

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # N03000000478</b><br>1. Entity Name<br>KIDSCARE CHARITY FOUNDATION, INC.   |   |   |  |   |  |
| Principal Place of Business<br>2835 HARDWAY LN.<br>MALABAR, FL 32950  |   |   | Mailing Address<br>2835 HARDWAY LN.<br>MALABAR, FL 32950 |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |    |  |
| City & State  |   | City & State  |  | 03022006 Chg-NP CR2E037 (11/05)  |  |
| Zip   |   | Country   |  | 4. FEI Number<br>22-3892844  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>BEHRMANN, JACQUELIN<br>2835 HARDWAY LN.<br>MALABAR, FL 32950   |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees   |  |
| Make check payable to<br>Florida Department of State  |   |   |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>BEHRMANN, JACQUELIN<br>2835 HARDWAY LN.<br>MALABAR, FL 32950             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>MURRAY, VIVIAN<br>3755 LAKEVIEW DR<br>MICCO, FL 32976                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | M<br>BEAUBIEN, FONTANA<br>2835 HARDWAY LN.<br>MALABAR, FL 32950               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | M<br>FERTIL, SR, CHADRAK<br>225 5TH AVE<br>INDIALANTIC, FL 32903              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>HIRAM OCTAVE Grandot<br>2252 Kleasbern Circle<br>W. Melbourne, FL 32904 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:   |   |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |  |  |  |
| Date: 4/7/06  |   |   |  |  |  |
| Daytime Phone #   |   |   |  |  |  |