

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005540

FILED  
Feb 25, 2007  
Secretary of State

**Entity Name:** THE TRAINING KIDS FOUNDATION INC.

**Current Principal Place of Business:**

2697 POINCIANA DRIVE  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

2697 POINCIANA DRIVE  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 65-1194327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIMI JAN, JAN PD  
2697 POINCIANA DRIVE  
NAPLES, FL 34105 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: PD ( ) Delete  
Name: KIMI JAN, JAN  
Address: 2697 POINCIANA DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: STD ( ) Delete  
Name: MONTES, LILLIAN  
Address: 2697 POINCIANA DRIVE  
City-St-Zip: NAPLES, FL 34105 FL

Title: D ( ) Delete  
Name: HOUTON, JOHN F  
Address: 3399 GULF SHORE BLVD. N  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: SHAW, KC  
Address: 613 11TH AVE S  
City-St-Zip: NAPLES, FL 34102

**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:

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: LILLIAN MONTES

STD

02/25/2007

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

\_\_\_\_\_  
Date