

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005540

FILED
Apr 11, 2009
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:

329 NEAPOLITAN WAY
NAPLES, FL 34103

Current Mailing Address:

2697 POINCIANA DRIVE
NAPLES, FL 34105

New Mailing Address:

329 NEAPOLITAN WAY
NAPLES, FL 34103

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:

MONTES, LILLIAN PD
329 NEAPOLITAN WAY
NAPLES, FL 34103 US

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: LILLIAN MONTES

04/11/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONTES, LILLIAN
Address: 329 NEAPOLITAN WAY
City-St-Zip: NAPLES, FL 34103

Title: STD (X) Change () Addition
Name: AIELLI, INGRID
Address: 1533 MARSH WREN LANE
City-St-Zip: NAPLES, FL 34105 FL

Title: D (X) Change () Addition
Name: HOUTON, JOHN F
Address: PO BOX 616
City-St-Zip: BUZZARDS BAY, MA 02532

I hereby certify that the information supplied with this filing does not qualify 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

PD

04/11/2009

Electronic Signature of Signing Officer or Director

Date