## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008430

Entity Name: KIDZ IN MOTION, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
5424 CONWAY PTE CT ORLANDO, FL 32812					
Current Mailing Address:			New Mailin	New Mailing Address:	
5424 CONWAY PTE CT ORLANDO, FL 32812				5424 CONWAY PTE CO ORLANDO, FL 32812	
FEI Number: 77-0610114 FEI Number Applied For ( ) FEI Number		El Number Not Appli	nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MAZZOCCO, CAROL S 5424 CONWAY PTE CT ORLANDO, FL 32812 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:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS: A			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MAZZOCCO, CA 5424 CONWAY ORLANDO, FL 3	POINTE COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () SAVAGE, JAMES POB 300642 DENVER, CO 86		Title: Name: Address: City-St-Zip:	VPD (X) Change ( ) Addition SAVAGE, JAMES 8278 STARR GRASS DRIVE MADISON, WI 53710	
Title: Name: Address: City-St-Zip:	SD () KATZ, SUSAN 6 MANOR RD. N GREENLAWN, N		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () JAMES, MIKE 1228 CHESSER HUNTSVILLE, AI		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	DIR ( ) Change (X) Addition JOHNSTON, WOODY 172 BOWDEN RD. TITUS, AL 36080	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition SALVANO, DEB 48881 COUNTY RD. 673 LAURENCE, MI 49064	

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: CAROL S. MAZZOCCO PD 01/09/2008