



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90005 039 ****61.25

DOCUMENT # N03000010143 1. Entity Name KIDS HELPING KIDS IN AMERICA, INC.					
Principal Place of Business 7300 WEST CAMINO REAL SUITE 222 BOCA RATON, FL 33433			Mailing Address 7300 WEST CAMINO REAL SUITE 222 BOCA RATON, FL 33433		
2. Principal Place of Business 3800 South Congress Ave. Suite, Apt. #, etc. Suite 11 City & State Boynton Beach, FL Zip 33426		3. Mailing Address 3800 South Congress Ave. Suite, Apt. #, etc. Suite 11 City & State Boynton Beach, FL Zip 33426			
4. FEI Number 20-0414207				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRY, MICHELLE 7300 WEST CAMINO REAL SUITE 222 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name Ferry, michelle Street Address (P.O. Box Number is Not Acceptable) 3800 South congress Suite 11 City Boynton Beach <div style="float: right;"> FL Zip Code 33426 </div>		
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 Michelle Ferry <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Michelle Ferry <small>(NOTE: Registered Agent signature required when reinstating)</small>		7-6-04 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRY, MICHELLE 6657 MARBLETREE LANE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FERRY, JAMES K 6657 MARBLETREE LANE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEWIS, JACQUELINE 1781C SAN JOSE DRIVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: Jacqueline Lewis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Jacqueline Lewis <small>executive Director</small>		7-7-04 <small>Date</small>	(561) 733-7775 <small>Daytime Phone #</small>