


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001634
1. Entity Name
BRAVO FOR KIDS, INC.



Principal Place of Business Mailing Address
41 SOUTH PALAFOX STREET 41 SOUTH PALAFOX STREET
PENSACOLA, FL 32502-5267 PENSACOLA, FL 32502-5267



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
34-1981013 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLLARHIDE, WILLIAM
41 SOUTH PALAFOX STREET
PENSACOLA, FL 32502-5267

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

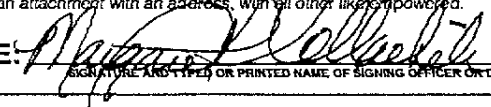
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000384507
01/17/06-80016-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DOLLARHIDE, WILLIAM B 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, DENIS A 707 NORTH 74TH AVENUE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, LARRY K 316 S. BAYLEN STREET #200 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLARHIDE, MARGARET P 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLARHIDE, WILLIAM B 41 SOUTH PALAFOX STREET PENSACOLA, FL 325025267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  1/10/06 850-494-9898

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #