

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002540

FILED
Mar 18, 2008
Secretary of State

Entity Name: THE MISSING KIDS CENTER INC.

Current Principal Place of Business:

415 GOLDEN ARM ROAD
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

415 GOLDEN ARM ROAD
DELTONA, FL 32738

New Mailing Address:

FEI Number: 59-3701300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRANUM, WALLACE JR.
415 GOLDEN ARM ROAD
DELTONA, FL 32738 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: C () Delete
Name: TRANUM, WALLACE SR.
Address: 211 KINGS RIDGE LOOP
City-St-Zip: DAVENPORT, FL 33897

Title: P () Delete
Name: TRANUM, SANDR
Address: 211 KINGS RIDGE LOOP
City-St-Zip: DAVENPORT, FL 33897

Title: S () Delete
Name: TRANUM, ROBERT
Address: 341 E. ELM STREET
City-St-Zip: LADOGA, IN 47954

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:

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: WALLACE TRANUM

P

03/18/2008

Electronic Signature of Signing Officer or Director

Date