

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003426

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: RISE N' SHINE KIDS CLUB, INC.

## Current Principal Place of Business:

1412 N. PINE HILLS RD.  
ORLANDO, FL 32808

## New Principal Place of Business:

## Current Mailing Address:

1412 N. PINE HILLS RD.  
ORLANDO, FL 32808

## New Mailing Address:

430 ASHBOURNE DRIVE  
ORLANDO, FL 32835

FEI Number: 20-0959273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINGH, SHARON  
6569 LONG BREEZE RD.  
ORLANDO, FL 32810 US

## Name and Address of New Registered Agent:

SINGH, SHARON  
430 ASHBOURNE DRIVE  
ORLANDO, FL 32835 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: SHARON SINGH

04/14/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SINGH, SHARON  
Address: 6569 LONG BREEZE RD.  
City-St-Zip: ORLANDO, FL 32810

Title: ST ( ) Delete  
Name: BAKER, ANTHONY  
Address: 6569 LONG BREEZE  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: SINGH, RICHARD  
Address: ROGER BAPSON RD.  
City-St-Zip: ORLANDO, FL 32808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SINGH, SHARON  
Address: 430 ASHBOURNE DRIVE  
City-St-Zip: ORLANDO, FL 32835

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 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 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: SHARON SINGH

D

04/14/2005

Electronic Signature of Signing Officer or Director

Date