


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90145 007 ****61.25

DOCUMENT # N04000006369 1. Entity Name TOMORROWS KIDS, INC.	
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Principal Place of Business 348 INDIAN KEY WAY ENGLEWOOD, FL 34223	Mailing Address PO BOX 1925 ENGLEWOOD, FL 34295
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2. Principal Place of Business 64 Golfview Road Suite, Apt. #, etc.	3. Mailing Address PO Box 1925 Suite, Apt. #, etc.
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City & State Rotonda West, FL	City & State Englewood, FL
Zip 33947	Country USA
City & State Englewood, FL	City & State Englewood, FL
Zip 34295	Country USA

03062005 Chg-NP CR2E037 (10/03)

4. FEI Number 01-0816503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, DIANE E 348 INDIAN KEY WAY ENGLEWOOD, FL 34223	7. Name and Address of New Registered Agent Name: Diane E Brown Street Address (P.O. Box Number is Not Acceptable) 64 Golfview Road City: Rotonda West FL Zip Code: 33947
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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: Diane E Brown President DATE: 03/07/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROWN, DIANE E 348 INDIAN KEY WAY ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 64 Golfview Road Rotonda West, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BROWN, DERRICK W 348 INDIAN KEY WAY ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 64 Golfview Road Rotonda West, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, LISA H-- 348 INDIAN KEY WAY ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 64 Golfview Road Rotonda West, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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: Diane E Brown DIANE E. BROWN, President 03/07/05