

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000006369**

1. Entity Name

TOMORROW'S KIDS, INC.



Principal Place of Business

69 GOLFVIEW ROAD  
ROTONDA WEST, FL 33947

Mailing Address

PO BOX 1925  
ENGLEWOOD, FL 34295



04152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

01-0816503

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BROWN, DIANE E  
64 GOLFVIEW ROAD  
ROTONDA WEST, FL 33947

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
BROWN, DIANE E  
64 GOLFVIEW ROAD  
ROTONDA WEST, FL 33947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
BROWN, DERRICK W  
64 GOLFVIEW ROAD  
ROTONDA WEST, FL 33947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOORE, LISA H  
64 GOLFVIEW ROAD  
ROTONDA WEST, FL 33947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000715520  
04/27/07-80069-009 61.25

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, changed, or on an attachment with an address, with all other like empowered.

941-6984747