## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007776

Entity Name: RUN 4 THE KIDS, INC

FILED Jan 29, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
453 BIG TF PONTE VE	REE RD. ERDA BEACH, FL 32082 US	611 PONTE VEDRA LAKES BLVD. 2605 PONTE VERDA BEACH, FL 32082 US
Current Ma	ailing Address:	New Mailing Address:
453 BIG TF PONTE VE	REE RD. ERDA BEACH, FL 32082 US	611 PONTE VEDRA LAKES BLVD. 2605 PONTE VERDA BEACH, FL 32082 US
FEI Number:	80-0123095 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
WILLIAMS, 453 BIG TF PONTE VE		SCHOTTEL, AMY 611 PONTE VEDRA LAKES BLVD. 2605 PONTE VEDRA BEACH, FL 32082 US
The above in the State		pose of changing its registered office or registered agent, or both,
SIGNATUR	RE: AMY SCHOTTEL	01/29/2006
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P ( ) Delete SCHOTTEL, AMY 611 PONTE VEDRA LAKES BLVD APT 2605 PONTE VEDRA BEACH, FL 32082 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete FINA, SANDI 105 LAKE VISTA DR. APT 1603 PONTE VEDRA BEACH, FL 32082 US	Title: VP (X) Change ( ) Addition Name: WATSON, SANDI Address: 105 LAKE VISTA DR. APT 1603 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US
Title: Name: Address: City-St-Zip:	S ( ) Delete KUBALA, KELLY 556 S. BRANCH DR. JACKSONVILLE, FL 32259 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete WATSON, TODD 105 LAKE VISTA DR, APT 1603 PONTE VEDRA BEACH, FL 32082 US	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 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: AMY SCHOTTEL P 01/29/2006