2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007636

FILED Apr 29, 2009 Secretary of State

Entity Name: TRICK LUVS DA KIDS FOUNDATION INC.

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

934 MICHIGAN AVE 12245 SW 130TH STREET 105 MIAMI, FL 33186 US

MIAMI BEACH, FL 33139 US

Current Mailing Address: New Mailing Address:

934 MICHIGAN AVE 12245 SW 130TH STREET 105 MIAMI, FL 33186 US

MIAMI BEACH, FL 33139 US

FEI Number: 20-3209734 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:

YOUNG, CHARLES
934 MICHIGAN AVE
105
MIAMI BEACH, FL 33139 US

YOUNG, CHARLES
12245 SW 130TH STREET
MIAMI, FL 33186 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: CHARLES YOUNG 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: YOUNG, MAURICE Name:

 Name:
 YOUNG, MAURICE
 Name:

 Address:
 P O BOX 971267
 Address:

 City-St-Zip:
 MIAMI, FL 33189
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 YOUNG, CHARLES
 Name:

 Address:
 P O BOX 971267
 Address:

 City-St-Zip:
 MIAMI, FL 33189
 City-St-Zip:

 Name:
 SOCOL, ROB
 Name:
 SOCOL, ROB

 Address:
 20810 W DIXIE HWY
 Address:
 20810 W DIXIE HWY

 City-St-Zip:
 N MIAMI BCH, FL 33180 US
 City-St-Zip:
 N MIAMI BCH, FL 33180 US

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: CHARLES YOUNG VP 04/29/2009