

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009256

FILED
Mar 30, 2008
Secretary of State

Entity Name: WINNING KIDS CLUB, INC.

Current Principal Place of Business:

1002 WASHINGTON AVENUE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

1002 WASHINGTON AVENUE
LEHIGH ACRES, FL 33972

New Mailing Address:

FEI Number: 20-3439422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLAS, GAIL
1002 WASHINGTON AVENUE
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALLAS, GAIL
Address: 1002 WASHINGTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: ST () Delete
Name: JOHNSON, CHARLES
Address: 1002 WASHINGTON AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: V () Delete
Name: HALLAS, DAVID
Address: 1002 WASHINGTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: V () Delete
Name: WARD, LANNY
Address: 1002 WASHINGTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D (X) Delete
Name: WILLIS, ANCELYN
Address: 1002 WASHINGTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIS, ANCELYN
Address: 1002 WASHINGTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GAIL HALLAS

P

03/30/2008

Electronic Signature of Signing Officer or Director

Date