2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N05000009324

Entity Name: TRAVELONE KID'S FOUNDATION, INC.

Current Principal Place of Business:

8240W 52 TERR
SUITE 200
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8240 NW 52 TERR
SUITE 200
MIAMI, FL 33166

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VALDES, HECTOR
7950 NW 53 ST,
SUITE 101
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

VALDES, HECTOR
8240 NW 52 TERR
SUITE 200
MIAMI, FL 33166 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: HECTOR VALDES 05/01/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VALDES, HECTOR
Address: 7950 NW 53 ST, SUITE 101
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete
Name: VALDES, HECTOR
Address: 7950 NW 53 ST, SUITE 101
City-St-Zip: MIAMI, FL 33166

Title: S ( ) Delete
Name: BECERRA, NIURKA
Address: 7950 NW 53 ST, SUITE 101
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VALDES, HECTOR
Address: 8240 NW 52 TERR
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change ( ) Addition
Name: VALDES, HECTOR
Address: 8240 NW 52 TERR
City-St-Zip: MIAMI, FL 33166

Title: S (X) Change ( ) Addition
Name: BECERRA, NIURKA
Address: 8240 NW 52 TERR
City-St-Zip: MIAMI, FL 33166

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: HECTOR VALDES P 05/01/2007
Electronic Signature of Signing Officer or Director Date