

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010125

FILED
Apr 11, 2006
Secretary of State

Entity Name: KARL'S KIDS PROGRAM, INC.

Current Principal Place of Business:

121 SILVER LAKE DRIVE
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

121 SILVER LAKE DRIVE
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 27-0131194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENNINGS, THERESA A
121 SILVER LAKE DRIVE
HAWTHORNE, FL 32640 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: PS () Delete
Name: JENNINGS, THERESA J CEO
Address: 121 SILVER LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: EVP () Delete
Name: JENNINGS, LANCE N CFO
Address: 121 SILVER LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: ADAMS, KRISTINA D
Address: 105 NORWOOD WAY
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: JENNINGS, DEANN M
Address: 121 SILVER LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: WILLIAMS, RAYMOND M
Address: 4020 BROWN'S LANDING ROAD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: JENNINGS, THERESA A
Address: 121 SILVER LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: VPT (X) Change () Addition
Name: JENNINGS, LANCE N
Address: 121 SILVER LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

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

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

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: THERESA A JENNINGS

PS

04/11/2006

Electronic Signature of Signing Officer or Director

Date