2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N05000010125

Entity Name: KARL'S KIDS PROGRAM, INC.

Current Principal Place of Business:

121 SILVER LAKE DRIVE
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

121 SILVER LAKE DRIVE
HAWTHORNE, FL 32640 US

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 A	
Address:	121 SILVER LAKE DRIVE	
City-St-Zip:	HAWTHORNE, FL 32640 US	
Title:	TD	( ) Delete
Name:	JENNINGS, LANCE N	
Address:	121 SILVER LAKE DRIVE	
City-St-Zip:	HAWTHORNE, FL 32640 US	
Title:	VD	( ) Delete
Name:	KRISTINA, ADAMS D	
Address:	105 NORWOOD WAY	
City-St-Zip:	PALATKA, FL 32177 US	
Title:	D	( ) Delete
Name:	JENNINGS, DEANN M	
Address:	121 SILVER LAKE DRIVE	
City-St-Zip:	HAWTHORNE, FL 32640 US	
Title:	D	( ) Delete
Name:	WILLIAMS, RAYMOND M	
Address:	4020 BROWN'S LANDING ROAD	
City-St-Zip:	PALATKA, FL 32177 US	
Title:	D	( ) Delete
Name:	BAKER, NOELLE	
Address:	600 COBHAM PARK ROAD	
City-St-Zip:	WARREN, PA 16365 US	

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BAKER, NOELLE	
Address:	600 COBHAM PARK ROAD	
City-St-Zip:	WARREN, PA 16365 US	
Title:	D	(X) Change ( ) Addition
Name:	OHMAN, JAMIE	
Address:	144A BLACHLEY ROAD	
City-St-Zip:	STAMFORD, CT 06902	

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: THERESA A. JENNINGS PS 04/21/2009
Electronic Signature of Signing Officer or Director — Date