2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010130

FILED Jun 18, <u>2</u>007 Secretary of State

Entity Name: BRIGHT STEPS FORWARD, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O THERAPIES 4 KIDS, INC 4001 N. OCEAN DRIVE, SUITE 305 LAUDERDALE BY THE SEA, FL 33308 **New Mailing Address: Current Mailing Address:** C/O THERAPIES 4 KIDS, INC 4001 N. OCEAN DRIVE, SUITE 305 LAUDERDALE BY THE SEA, FL 33308 FEI Number: 20-3633146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: TORAL, FRANK ESQ. 4780 DAVIE ROAD SUITE 101 FORT LAUDERDALE, FL 33314 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: FRANK TORAL 06/18/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DE OLIVEIRA, EILEEN Name: Name: 4001 N. OCEAN DRIVE, STE 305 Address: Address: City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 City-St-Zip: Title: Title: () Delete () Change () Addition CAVALIERE, ANNETTE Name: Name: Address: 4133 N.W. 78TH AVENUE Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: () Delete Title: () Change () Addition SCANLON, MARY N DR. Name: Name: 5733 NW 50TH STREET Address: Address: City-St-Zip: CORAL SPRINGS, FL 33607 City-St-Zip: Title: () Delete Title: () Change () Addition AUSLANDER, PAUL Name: Name: 3661 ROUSE ROAD, SUITE 135 Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: Title: () Delete () Change () Addition GRANGER, LYNNETTE L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: EILEEN DE OLIVEIRA DIR 06/18/2007

6809 NW 29TH AVENUE

FORT LAUDERDALE, FL 33309

Address:

City-St-Zip: