

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010130

FILED
Apr 03, 2009
Secretary of State

Entity Name: BRIGHT STEPS FORWARD, INC.

Current Principal Place of Business:

C/O THERAPIES 4 KIDS, INC.
4001 N. OCEAN DRIVE, SUITE 305
LAUDERDALE BY THE SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

C/O THERAPIES 4 KIDS, INC.
4001 N. OCEAN DRIVE, SUITE 305
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

FEI Number: 20-3633146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORAL, FRANK ESQ.
4780 DAVIE ROAD
SUITE 101
FORT LAUDERDALE, FL 33314 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: D () Delete
Name: DE OLIVEIRA, EILEEN
Address: 4001 N. OCEAN DRIVE, STE 305
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D () Delete
Name: CAVALIERE, ANNETTE
Address: 4133 N.W. 78TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: SCANLON, MARY N DR.
Address: 5733 NW 50TH STREET
City-St-Zip: CORAL SPRINGS, FL 33607

Title: D () Delete
Name: AUSLANDER, PAUL
Address: 3661 ROUSE ROAD, SUITE 135
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: GRANGER, LYNNETTE L
Address: 6809 NW 29TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

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: () 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: ANNETTE CAVALIERE

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date