## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000608

Entity Name: THE CONDOS FOR KIDS FOUNDATION, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
437 CAPTAINS CIRCLE DESTIN, FL 32541				13330 EMERALD COAST PKWY. DESTIN, FL 32541			
Current M	lailing Addres	s:		New Maili	ng Address:		
437 CAPTAINS CIRCLE DESTIN, FL 32541				755 GRAND BLVD. STE.B105 PMB#280 DESTIN, FL 32550			
FEI Number:	72-1610607	FEI Number Applied For()	FEI Nun	nber Not Appl	icable()	Certificate of Status Des	ired()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent	::
	E, JASON B AINS CIRCLE 'L 32541 US	3					
	named entity s e of Florida.	ubmits this statement for the p	urpose o	f changing i	ts registered	office or registered ager	nt, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PC () SPRENKLE, JA: 437 CAPTAINS DESTIN, FL 32:	CIRCLE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VC () SPRENKLE, LY 437 CAPTAINS DESTIN, FL 32:	CIRCLE		Title: Name: Address: City-St-Zip:	D (X SPRENKLE, L 437 CAPTAINS DESTIN, FL 3	S CIRCLE	
Title: Name: Address: City-St-Zip:	D () SMITH, LORI 576 SUMMERW CLERMONT, FL			Title: Name: Address: City-St-Zip:	WELLS, MISS	ALD COAST PKWY.	
Title: Name: Address: City-St-Zip:	D () GROVE, HOLLY 303 CRANBROO ARDON, NC 28	DK .		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MCCARTHY, PA			Title: Name: Address: City-St-Zip:	ADAMS, ALLE 2048 W. CO. H	K) Change()Addition N HWY. 30 A #107 BEACH, FL 32459	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	VC ( SPRENKLE, J 275 KETCH CO DESTIN, FL 3	OURT	

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: MISSY WELLS MGRN 04/25/2008