## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008951

FILED Jan 16, 2007 Secretary of State

Entity Na	me: KIDS IN B	ALANCE, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
4507 COMPASS OAKS DRIVE VALRICO, FL 33594				4507 COMPASS OAKS DRIVE VALRICO, FL 33594 US			
Current M	lailing Addres	s:	New Mailing Address:				
4507 COMPASS OAKS DRIVE VALRICO, FL 33594			4507 COMPASS OAKS DRIVE VALRICO, FL 33594 US				
FEI Number	: 20-5477763	FEI Number Applied For ( )	FEI Number Not App	licable()	Certificate of Status Desi	red ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of N	ew Registered Agent	:	
4507 COM	NNIFER A IPASS OAKS D FL 33594 U	RIVE JS					
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered of	fice or registered agen	t, or both,	
SIGNATU	RE:						
	Electron	ic Signature of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () LEIGH, JENNIFI 4507 COMPASS VALRICO, FL 3	S OAKS DRIVE	Title: Name: Address: City-St-Zip:	P (X) LEIGH, JENNIFE 4507 COMPASS VALRICO, FL 3	OAKS DRIVE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () MARTIN, RONAI 1564 LONG POI VALRICO, FL 3	ND DRIVE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () GOLDBERG, SH 801 REGAL MAI SUN CITY CENT	NOR WAY		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zin:	D () GOLDBERG, RO 801 REGAL MAI	NOR WAY		

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: JENNIFER A LEIGH Ρ 01/16/2007