## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008951

OCCIVILIVI# 14000000000000

FILED Feb 01, 2008 Secretary of State

Entity Name: KIDS IN BALANCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4507 COMPASS OAKS DRIVE VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** 4507 COMPASS OAKS DRIVE VALRICO, FL 33594 FEI Number: 20-5477763 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEIGH, JENNIFER A 4507 COMPASS OAKS DRIVE VALRICO, FL 33594 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEIGH, JENNIFER A Name: Name: 4507 COMPASS OAKS DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 US City-St-Zip: Title: () Delete Title: () Change () Addition RODRIGUEZ-LEAVITT, MAYRA L Name: Name: Address: 12017 CITRUS LEAF DRIVE Address: City-St-Zip: GIBSONTON, FL 33534 US City-St-Zip: Title: () Delete Title: () Change () Addition MARTIN, RONALD E Name: Name: 1564 LONG POND DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 US City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: GOLDBERG, SHEILA Name: Address: 801 REGAL MANOR WAY Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: () Change () Addition GOLDBERG, ROBERT Name: Name: 801 REGAL MANOR WAY Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 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: JENNIFER A LEIGH P 02/01/2008